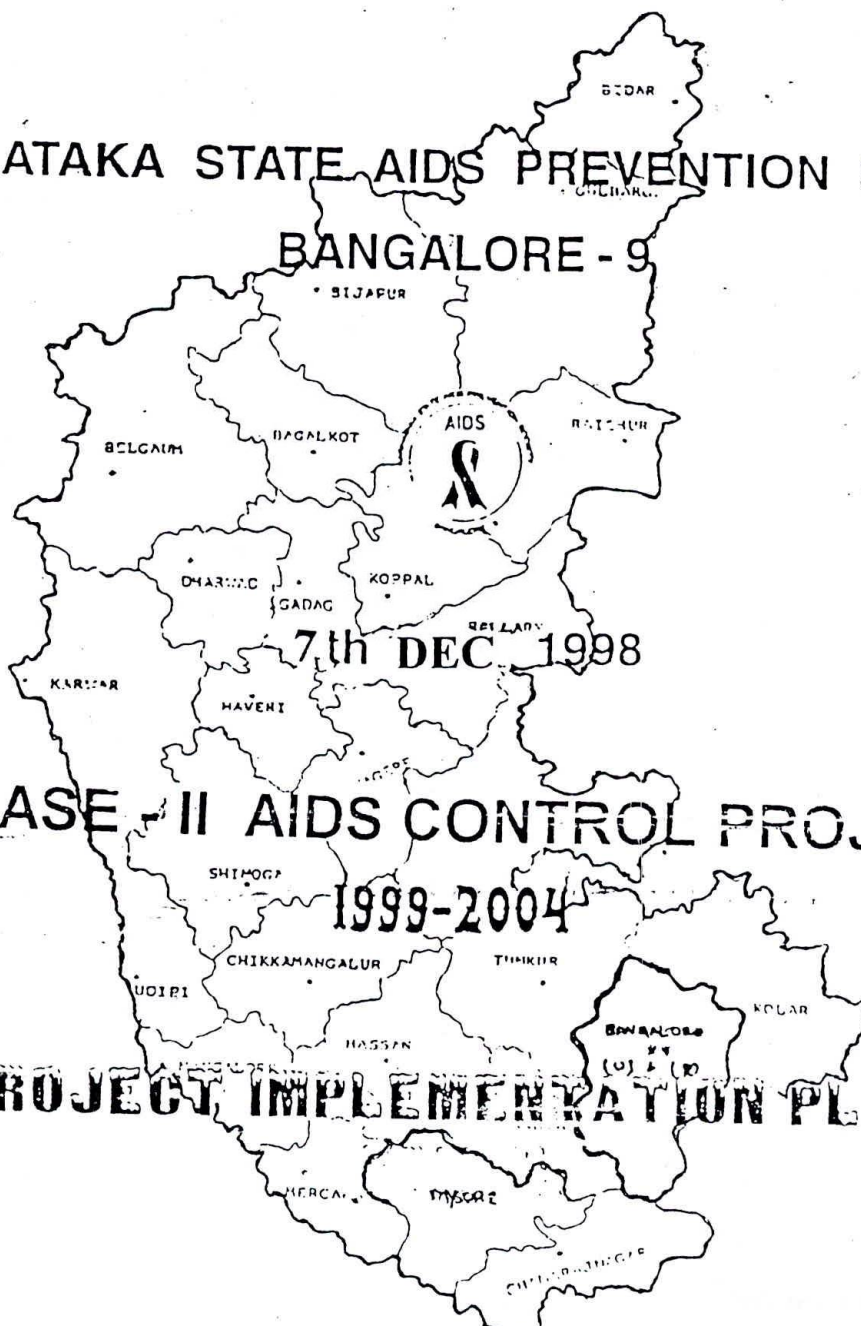




GOVT OF KARNATAKA

KARNATAKA STATE AIDS PREVENTION SOCIETY

BANGALORE - 9



7th DEC 1998

PHASE - II AIDS CONTROL PROJECT

1999-2004

PROJECT IMPLEMENTATION PLAN

PHASE - II OF NATIONAL AIDS CONTROL PROJECT IS SCHEDULED TO BE IMPLEMENTED FROM 1ST APRIL 1999 IN KARNATAKA. THE PROJECT IMPLEMENTATION PLAN IS PREPARED AND HERewith PRESENTED.

THE PROJECT IS PREPARED AFTER DISCUSSION AND CONSULTATION HELD WITH THE EXPERTS, VARIOUS RESOURCE PERSONS, NACO PROJECT DIRECTOR, CONSULTANTS OF THE WORLD BANK, TECHNICAL LIASON OFFICER AND INSTITUTIONS INVOLVED IN CARE AND SUPPORT OF HIV / AIDS PATIENTS IN THE STATE.

A REGIONAL WORKSHOP WAS HELD IN BANGALORE FROM 1ST TO 3RD SEPT. 1998 IN WHICH PROJECT DIRECTOR, NACO AND STATE REPRESENTATIVES AND REPRESENTATIVE NON-GOVERNMENTAL ORGANISATIONS, PARTICIPATED AND DISCUSSED ABOUT THE STATE P.I.P.

THIS IS THE FINAL P.I.P. PREPARED KEEPING ALL THE GUIDELINES OF THE WORLD BANK, AND NATIONAL AIDS CONTROL ORGANISATION, GOVERNMENT OF INDIA.

WE THANK ALL THOSE WHO HAVE HELPED IN PREPARING THIS P.I.P. REPORT.


(DR. P.N. HALAGI)
MEMBER SECRETARY

KARNATAKA STATE AIDS PREVENTION SOCIETY

BANGALORE-9

DATED 7TH DECEMBER 1998

BANGALORE

EXECUTIVE SUMMARY OF THE PHASE II AIDS CONTROL PROJECT :

AIDS Control Programme which at present implemented by State AIDS Prevention Society will be geared up to face the challenges of HIV/ AIDS epidemic threatening round the corner with the financial support of World Bank, Government of India, and Technical guidance of NACO. The state is prepared to launch the II phase of AIDS Control Project. The deficiency observed during the implementation of I Phase AIDS Control project have been thoroughly analysed and discussed with experts, administrators, and NGOs and draft PIP for Phase II Project is prepared. It is suggested to give high priority for specific intervention project both at High risk and Low risk groups with key role of NGOs in AIDS Prevention and control. The Surveillance and blood safety measures will be strengthened, priority will be given to capacity building and modern programme management principles. The Project implementation plan under Phase II AIDS CONTROL PROJECT - 1999 - 2004 is prepared for Karnataka State keeping in view of cultural and social factors of the state and the activities will be implemented on a time bound basis in all the five years of the project period. The intervention among commercial sex workers and devadasi system prevailing areas will be taken up involving active non governmental organisations which are already having experience in this task. The truck routes particularly highways where truckers from other states from Maharashtra, Tamilnadu, Pandicherry.

Kerala, Goa, Andhra Pradesh, which are bordering the state with high prevalence of HIV/STD infection particularly in Maharashtra, Tamilnadu, Goa, Andhra Pradesh, are passing through Karnataka state and hence this area needs effective intervention programmes. Accordingly dedicated non governmental organisations will be involved under Truckers project and monitoring and supervision activities under this component will be intensified in all the five years of the project period and care will be taken to check the cross border spread of HIV infection and Sexually Transmitted Diseases among the High Risk Groups.

The Information, Education and Communication materials will be developed based on the socio cultural factors prevailing in the state covering all the four revenue divisions i.e., Banagalore division, Mysore division, Belgum division, and Gulbarga division.

The state Highways and other transport network will also be covered for awareness creation on healthy life styles and AIDS/STD Prevention and control. To create awareness among the General community including Highschools and Colleges, the co-operation and co-ordination of all medias print, Electronic and folk medias will be utilised effectively. The components under AIDS prevention and control particularly, programme management, HIV Surveillance, AIDS Case Surveillance, Sexually Transmitted Disease Surveillance, STD Control including strengthening of STD Clinics

Blood safety, Voluntary testing and counselling, training, Information, Education and Communication and targetted interventions among high risk and low risk groups will be given priority during Phase II AIDS Control Project.

The Karnataka State AIDS Prevention society is established and registered under Karnataka societies Registration Act 1960 during December 1997.

Karnataka is expected to achieve all success in the implementation of II Phase AIDS Control Project.

KARNATAKA STATE : PHASE II - AIDS CONTROL PROJECT OUTLINE FOR STATE PROGRAMME IMPLEMENTATION PLAN ;

PROJECT DESCRIPTION:

Background (Situation Analysis)

Karnataka has a total area of 1.92 lakh Sq.Km. with a population of 45 million (1991 Census). Current estimates (1997) of the population in this state is 50 million. The density of the population in the state is 235 per Sq.Km. The sex ratio is 960 females for 1000 males.

The population of Karnataka is distributed in 27 districts including Bangalore which is divided into two districts viz. Urban and Rural. Karnataka has been providing health care through primary health care centres (1601), community health centers (242), and hospitals (176). In addition there are a number of private nursing homes, hospitals and Corporate Medical Institutions which cater to the population. The crude Birth Rate is 23 and the crude Death Rate is 7.3 per sample registration survey which is well below the National Average.

AIDS Prevention and Control was initiated in the State under the Technical Guidance of Indian Council of Medical Research during 1987 and one AIDS Surveillance Centre, was established in the Department of Microbiology, Victoria Hospital/Bangalore Medical College, Bangalore. The First HIV Sero-positive individual was detected in the State during 1988 and the First AIDS case was also reported during the same year. Subsequently with the financial assistance of Government of India during 1989-94, Blood Safety Programme was commenced and action initiated for strengthening and modernization of Blood banking system in the State. From then onwards HIV Sero-Positive cases and AIDS Cases is being reported every year.

The State AIDS Cell, was established in the Directorate of Health and Family Welfare Services, Bangalore-9. In May 1992, under the World Bank Assisted - Phase - I Project with the Financial Assistance and Technical Co-operation of National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India, for a period from 1992 to 1998. No bilateral agencies are providing financial assistance to Karnataka State under AIDS Control Programme at present. The Karnataka Net Work for People Living with HIV/AIDS (KNP+) is registered during September 1998 under Karnataka State Societies Registration Act 1960 and is involved actively in AIDS Prevention & control activities.

Major Achievements in Phase I

1. Blood Safety

Blood safety was accorded top priority by Karnataka and 10 (ten) zonal Blood Testing Centres have been established in the State during Phase I. In addition, one Blood Component Separation Facility - was established at Bangalore. Modernisation of Blood banks was taken up in a phased manner and to-date a total of 51 Blood Banks which include 37 in the Government Sector and 14 in the Private Sector have been modernized. Furthermore all the Licensed Blood Banks (81) in the State are linked to Zonal Blood Testing Centres. A State Blood Transfusion Council has been established.

2. Surveillance

Until 1992 Surveillance for HIV infection was carried out in the State at the Dept. Of Microbiology, Bangalore Medical College, Victoria Hospital under the ICMR guided programme. Since 1992, two more AIDS Surveillance Centres were established at Department of Neuro-virology, National Institute Of Mental Health and Neuro Sciences (NIMHANS), Bangalore and at Department of Microbiology, Kasturba Medical college, Manipal. Sentinell Surveillance was initiated in the State among STD patients in 1994 and ANC cases in 1996. At present Sentinell Surveillance is being carried out at seven STD clinics and one Ante-Natal Clinic across the State. In addition, Five new Sentinell Sites have been approved by the NACO recently (three ANCs, one STD clinic and one Drug Deaddiction Centre) and Surveillance will be initiated at these sites soon.

3. NGO activities

The State has been fortunate to be endowed with highly committed NGOs which have initiated and carried out excellent work in various spheres of HIV/AIDS, some of which has been trend-setting for the entire country Viz. :

- (i) Intervention among Commercial Sex workers of Bangalore. Unlike other Metropolis and major cities in the country, Bangalore does not have an organised Red Light District. Yet an NGO from Bangalore has been able to make significant progress in understanding the dynamics of commercial sex work and initiate and continue various HIV prevention programmes for the sex workers since 1993. Similarly is Belgaum Dist. Known for C.S.W, an N.G.O-called BIRD'S (Belgum Integrated Rural Development) project is involved in awarness and educational activities including condom promotion to the clients.
- (ii) Care and Support has been the primary of focus of three NGOs in Bangalore which have been catering to the health needs of PLWHAs. These NGOs have established good liaison among themselves as well as with major Government and Private hospitals in the city. Counseling has been given a major focus by all these three NGOs. One of them is a large centre (60 beds) devoted to HIV/AIDS as well as substance abuse and is serving as one of the model centres for the country.
- (iii) The Well Women's Clinic Concept. Realizing the vulnerability of women in HIV/AIDS epidemic an NGO in Bangalore has taken the initiative of setting up a Well Women's Clinic with a view to increase the accessibility of services to women who are vulnerable for HIV infection through a "holistic care" approach. This clinic caters to the health needs and focuses on early detection and management of Reproductive Tract Infections. It also offers counseling services. The success of this three year old venture has inspired another NGO to extend this concept to several areas across the entire city-a major project termed "Suraksha".
- (iv) The NGOs, Doctors from Major hospitals caring for PLWHAs and the State AIDS cell have together recently constituted an informal forum called "AIDS Forum Karnataka" (AFK). This forum will facilitate monitoring of intervention activities. Care and Support. IEC activities in the field of HIV/AIDS. AIDS forum is organising awarness programme for the general public on 1st of every month at public places.
- (v) Truckers programme: An NGO in Bangalore has initiated an awareness and prevention programme for truckers and their helpers at Bangalore and Mangalore. This program has been successfully implemented since 1994.

4. Strengthening of STD Clinics

STD clinics across the State in various districts have been strengthened by providing drugs, better facilities for diagnosis as well as training of STD specialists and para- medical staff in HIV/AIDS diagnosis, management and counseling. Syndromic and etiological approach for the management of STD Cases under STD surveillance activities. 35 chm

5. IEC activities

Various IEC activities were undertaken during Phase I in the State. They included those sponsored by the State AIDS cell as well those sponsored by NGOs. These activities were :- developing TV spots and Radio jingles, World AIDS day and Voluntary Blood Donation Day celebrations, developing Street plays in regional language, Folk Media activities, NSS sponsored awareness programmes in colleges, NGO sponsored awareness programmes in schools, colleges and industries and Sensitisation Workshops conducted for elected representatives and Zilla Panchayath Members at the District Level. An NGO in Bangalore has set up a HOTLINE for answering queries on various issues pertaining to HIV/AIDS- this is the third of its kind in the country.

6. Training activities

Realising the importance of training the State AIDS cell initiated these activities in 1992 and has been carrying them out on a regular basis for various sectors including Dist Health Officers and Dist. Surgeons, Faculty Members of Government and Private Medical Colleges, STD Specialists, Medical Officers of STD clinics and Paramedical Staff of all District Levels STD clinics, Faculty Members of Health and Family Welfare Training Centres, Health care providers and NGOs, Hospital administrators, Zilla parishad members, Dental Surgeons, ESI doctors, School teachers, Truck drivers etc.

7. State AIDS Control Society - The Second in the country

The State has not lagged behind in setting up the Karnataka State AIDS Prevention Society. It is the only other State to do so after Tamil Nadu and underscores the commitment and the high priority accorded by the Government of Karnataka towards the prevention of HIV spread in the State.

CURRENT SITUATION

As seen from the data available, it is noticed that there is a gradual increase of HIV infection and AIDS cases in the State, more so during the last three years. Serosurveillance was initiated in 1987 and at that time there was no HIV infection detected in the state. By the end 1988 the HIV seroprevalence rate was 2.5 per thousand samples tested and in 1993 it was 11.3 per thousand and currently it is 54.8 per thousand samples tested. The analysis HIV Seropositivity rates in the various categories studies indicates that the infection is spreading at a rapid rate predominantly through the sexual route is the general population.

For instance, Sentinel Surveillance data obtained from seven STD clinics across the state have shown HIV prevalence as high as 30% and there has also been a slow but steady increase in the infection among antenatal mothers (0.5% in 1996 to 1.75% in 1998). Several Hospitals are reporting increasing numbers of AIDS cases in recent times and it is evident that High Risk behaviour is prevalent almost in all Districts of the State as well as the major Cities like, Bangalore, Mangalore, Mysore Hubli-Dharwar, Belgaum, Bijapur, Gulbarga and Raichur (Figures reflected vide Annexure I).

REVIEW OF PAST EXPERIENCE :

Apart from the significant contributions and progress made by the State AIDS Cell and other agencies including NGOs there were several lessons learnt Karnataka by the end of Phase I and they are listed below under various headings :

IEC : During Phase I Considerable efforts have been put into creating awareness both by the State AIDS Cell as well as the NGOs working in the field, yet the socio-cultural and regional considerations within the various parts of the State have brought forth the following field realities :- (i) need for the development of culture specific, purpose specific (E.g. Interventions Vs general awareness needs) messages (ii) a need for the development of messages which are not based on fear (iii) messages for women and children who are more vulnerable for HIV infection.

Surveillance and Clinical Management : Karnataka has initiated and is successfully carrying out Sentinell surveillance since 1994. Yet there is need to expand and strengthen the Surveillance system. Similarly, HIV testing for voluntary and diagnostic purposes also needs to be expanded since they are at present three centres are inadequate for a large state. Moreover all the three testing/Surveillance centres which have been catering to the diagnostic needs are located in the Southern part of the State.

People Living with HIV/AIDS (PLWHAs) : Specific strategies need to be evolved which addresses the needs and concerns of PLWHAs. While clinical care and counseling is being provided for PLWHAs at some centres in the State there is an urgent need to expand these facilities especially due to the rapid spread of HIV during the last two to three years resulting in increasing number of symptomatic subjects requiring care. These services must be easily accessible to all PLWHAs and preferably under one roof which would avoid unnecessary running around. PLWHAs need to be involved in various activities and decision making bodies within the State including providing membership in the State AIDS Society. Such a move would serve to empower the PLWHAs.

Blood Safety : A number of issues pertaining to Blood Safety have already been covered during Phase I. Yet two issues could not given sufficient attention during Phase I Viz. (1) the performance and monitoring of the various blood banks strengthened during the Phase could not be evaluated and (2) sufficient emphasis was not placed on the rationale of using blood. Quality control of blood banks will be implemented in state, the Microbiology department of Victoria Hospital Bangalore will be identified as referral center for quality control assurance.

Program Management : The lack of an AIDS control Society until recently has lead to the delay in sanctioning of funds for the various activities of the State AIDS cell. The lack of Adequate Staff in the State AIDS cell was another major factor for delay in implementation of some components of the programme. Similarly, the delay in supply and procurement of appropriate training materials and modules resulted in a lot of hardship for the various training programmes as well as IEC activities. The lack of Advocacy within the top Governmental Sectors also was a major deterrent to the programme.

Intersectoral Co-ordination : This was one area which was not paid much attention during Phase I due to various administrative and human resource constraints. As a result Governmental sectors perceived HIV/AIDS as a special issue under the Department of Health and not as a developmental issue. It also resulted in lack of Co-ordination with NGOs working in the field leading to a feeling of neglect amongst them.

LIMITATIONS IN IMPLEMENTATING THE PROJECT

1. Supply of drugs on time and continuity of care and treatment

The provision of drugs and other consumables are to be provided to the Centres/Hospitals On time. The procedural formalities will delay the procurement of items. Hence there is a need to simplify the procurement procedures.

2. Laboratory diagnosis facilities for voluntary testing in all Districts.

The existing three voluntary blood testing centres, two at Bangalore and one at Manipal is inadequate to provide testing and counselling facilities for the entire state and hence there is a need to establish voluntary testing and counselling facility in all District level Hospitals and Major Hospitals.

3. Lack of full participation by NGO's.

There is a need to identify and select dedicated NGO's to take up awareness activities on HIV/AIDS/STD Control activities and also for care and support. In the I Phase project it is experienced that majority of NGO's become dropout after the receipt of first instalment of grants and most of them have not submitted the expenditure statement and utilisation certificate along with the appraisal certificate from the respective District Health and FW Officers. And most of NGO's have not completed the original project completely and qualitatively.

4. Treatment and counselling facilities.

There is a need to provide drugs and consumables with provision of trained counsellors at all District Hospitals and Major Hospitals for treatment of opportunistic infections among people living with HIV/AIDS, which was not provided in the Phase I project.

5. Clear Policy guidelines on testing.

The existing HIV testing policies needs to be spelt out properly and the HIV test Kits should have highest specificity and sensitivity. There is a need to monitor the private diagnostic laboratories where they use different kinds of test kits which do not have uniformity in testing procedures. There is a need for standard guidelines and policies for the entire country for HIV testing procedures.

KEY ISSUES TO BE ADDRESSED IN PHASE II OF THE PROJECT :

1. Interventions

- Understand the dynamics of Commercial Sex work within the various parts of the state and evolve appropriate strategies for intervention among sex workers
- To set up intervention programmes for other vulnerable populations in the State (IVDUs, MSMs, Devadasis etc)
- To replicate the Well Women's Clinic Concept which has been successful in Bangalore so as to increase access of health care to women, which in turn would lead to early detection and management of reproductive tract infections.
- The above intervention of CSW's will be taken up with the help of identified NGO's already working for the area specific intervention projects.

2. Care and Support

- To evolve low cost community based Care and Support programmes that can be easily replicated in the various parts of the State
- To be accountable to PLWHAs and to institutionalise them in the programme.

3. To increase NGO involvement and community participation, especially in the Districts for intervention and Care and Support projects. NGO participation will be on an 'equal partnership' basis with the State AIDS Prevention Society so as to facilitate better Co-ordination.

4. To strengthen STD services by providing training to doctors in Syndromic management of STDs at the Taluk level hospitals

5. To further strengthen the Sentinell Surveillance system and Voluntary testing facilities as well as Monitoring the Blood Safety Programme

6. Decentralisation of the programme to the District level by setting up District level Societies in high prevalent areas in Mangalore, Belgaum and Bellary.

7. To set up an aggressive Advocacy programme within and outside the Governmental framework in order to facilitate Inter-Sectoral Co-ordination

PROJECT DEVELOPMENT OBJECTIVES

The efforts to reduce HIV transmission to continue, main focus is given on High risk groups, low risk groups to reduce the spread of HIV infection, reduce the impact of AIDS. Morbidity, Mortality, Socio-Economic Problems and depletion of Wealth and to Strengthen Capacity Building to fight challenges posed by HIV/AIDS Epidemic. In Karnataka State Intervention Programmes among Devadasi system is prevailing in Belgaum and other Northern part of the state is planned to be stepped up. The National Highways bordering Maharashtra,

Goa, Tamilnadu, Andhra Pradesh and Kerala where large number of Truckers will be travelling and moving across the border including coastal areas, and hence there is need to check cross border HIV/STD infection in the community. In addition the other transport network is also planned to be taken care of involving NGO's for awareness creation activities and treatment facility for S.T.D. cases among the highway transport staff.

PROJECT STRATEGIES/COMPONENTS

- **COMPONENT I Targetted Intervention Among High Risk Groups**
Sex worker Protection, RTI / STI Programme, Condom Promotion,
Men Having Sex with Men Protection, Migrant Workers Protection,
Women workers Protection, and Truckers Project.
Continuation of Strengthening of STD Clinics.
- **COMPONENT II Targetted Intervention Among Low Risk Groups.**
Blood Safety Programme, Voluntary Testing and Counselling centres,
And Information, Education and Communication
- **COMPONENT III**
Surveillance,
Programme Management, Institutional Strengthening,
Operational Research & Research and Development,
Training Programme.
- **COMPONENT IV**
Low Cost Community Care Centres,
Care and Support.
- **COMPONENT V**
Inter Sectoral Collaboration.

IMPLEMENTATION ARRANGEMENTS

The **Karnataka State AIDS Prevention Society** is established and registered as per the Karnataka State Society Registration Act 1960 during December 1997 and is Currently functioning as a society with Head quarters in Bangalore. The society is an independent and autonomous authority vested with full executive and financial powers.

The society as an apex body, the **general body** where the chief Secretary of the Government of Karnataka is the chairman and which is responsible for administration and management of the affairs of the society.

The executive committee of the society is responsible to the general body for efficient running of the affairs of the society which will meet once in a month or frequently if necessary for monitoring and supervision of various activities under AIDS Prevention and control with financial powers. The president of executive committee is the secretary to Government of Karnataka Health and Family welfare Department. The member secretary of the society will be the project Director for AIDS Control project and he will be responsible for day to day management affairs of the society and chief executive of the society.

The Pattern of staff suggested in the organogram by the world bank / NACO for Phase II AIDS Control Project 1999 - 2004 will be created filled up shortly in due course.

The Criteria for selection of NGO's for implementation of various activities under Targetted Intervention Projects will be followed as per the guidelines already provided by NACO. The Karnataka State have already formed a District Level committee under the chairmanship of the District Deputy commissioner with District Health and FW Officer of the Districts as member secretary of the District level committee where in the project proposals of the NGOS Will be scrutinized and short listed in the district level committee and will be forwarded to state AIDS prevention society for scrutiny and consideration by the NGO Advisor and officers of the society which in turn submit the proposals to the executive committee for obtaining approval and sanction for relase of grant in aid financial assistance to NGO's for implementation of their projects in the respective areas. Further a thorough monitoring and supervision of NGO activities will be taken up by the district committee and also by State AIDS Prevention Society.

ORGANISATIONAL ARRANGEMENT FOR IMPLEMENTATION OF ACTIVITIES through AIDS Prevention Society at the State Level and to provide technical advise to Dist. Level, Block level Hospitals on safe Blood, testing and Counseling, STD Services, Surveillance, Clinical care, and to implement targeted interventions, including condom promotion and Sex Education.

Specific Responsibilities will be entrusted to the implementing agencies. The Organogram suggested by NACO. Govt. of India will be followed and action will be taken to fillup all the posts in the Karnataka State AIDS Prevention Society as per the Organogram.

The Dist. Nodal Officers for AIDS at District Level and other functionaries, the Dist. Health and FW. Officer and District Surgeons/Medical Superintendents/Medical Officer I/c. of Blood Banks and STD Clinics will be suitably advised on implementation of various activities on a time bound basis.

SUMMARY OF IMPLEMENTATION PROGRAMME

Major components and activities to be implemented under the project in Karnataka are as follows:

COMPONENT I: TARGETED INTERVENTIONS AMONG HIGH RISK GROUPS

Targeted Intervention Projects will be planned to be taken up with active involvement of selected active NGOs giving emphasis to creation of awareness, education, IEC, STD Control and promotion of condoms among High Risk Groups: CSWs, MSM, migrant workers, women STD patients and truckers.

Depending on the prevailing risk behaviour groups in the State, intervention project will be taken up in all the Districts and major cities. This will be area specific and group specific intervention specific. The type of interventions planned in Phase II for Karnataka are listed below:

1. Sex worker protection.
2. Protection of women workers.
3. Reduction of STIs amongst women.
4. Protection of migrant workers.
5. Men having sex with men.
6. Awareness and prevention among truckers.
7. Continuation of strengthening of STD Clinics.

The intervention among substance abuse will a part of intervention strategy in all the above sub components.

Sub Component	Targeted intervention among sex workers
Primary Objective	Behaviour change amongst sex workers leading to reduction in the risk of HIV infection
Secondary Objectives	<ol style="list-style-type: none"> 1. To undertake a mapping of the sex industry in Karnataka leading to a district and city-specific understanding of the dynamics and behaviour of sex workers and their clients 2. To understand and define Safer Sex Negotiation skills 3. To undertake district and city-specific Behaviour Change Communication Strategies leading to the promotion of safe sex and STD treatment-seeking behaviour amongst sex workers and their clients 4. To reduce the vulnerability of sex workers to social and legal factors by undertaking a proactive strategy to assist government and non-government institutions in understanding and dealing with sex workers in their special circumstances
Strategy	<ul style="list-style-type: none"> • The programme will commission a mapping of the sex industry in Karnataka with the assistance of nodal and academic agencies such as the Institute of Social & Economic Change, Bangalore, and FEVORD-K (Federation of Voluntary Organisations in Rural Development-Karnataka) • The programme will involve behavioural scientists and sex workers to define practical Safe Sex Negotiation Skills • The programme will involve applied communication specialists and behavioural scientists in the formulation of manuals that will allow HIV/AIDS interventionists to plan area-specific BCC programmes • The programme will undertake sensitisation workshops with elected representatives, bureaucrats, enforcement officials, NGO representatives and the media to bring about a more secure environment for sex workers leading to effective HIV/AIDS control and prevention interventions.

Component 1 : PROTECTION OF WOMEN WORKERS

Sub Component	Targeted intervention for women labour-intensive industrial units in the unorganised sector - eg: garment factories / tailoring units
Primary Objective	Reduction of vulnerability to sexual exploitation leading to reduction in the risk of HIV infection
Secondary Objectives	<ol style="list-style-type: none">1. To undertake a mapping of all woman labour-intensive industries in the unorganised sector in Karnataka leading to a district and city-specific understanding of the needs and vulnerability of women in these situations2. To understand and define mechanisms which reduce women's vulnerability to sexual harassment in the work place
Strategy	<p>To undertake industry-specific interventions leading to the reduction of sexual harassment and vulnerability to HIV infection of women workers in the unorganised sector.</p> <p>The programme will commission a mapping of all woman labour-intensive industries in the unorganised sector in Karnataka with the assistance of nodal and academic agencies such as the Institute of Social & Economic Change, Bangalore, Shramik Vidyapeeths, and Trade Union Federations.</p> <p>The programme will involve behavioural scientists, lawyers, HRD specialists, trade unionists and women workers to define mechanisms that will lead to reduction in sexual harassment of women in the work place.</p> <p>The programme will involve behavioural scientists, lawyers, HRD specialists, trade unionists and women workers in the formulation of industry-specific leading to the reduction of sexual harassment of women workers in the unorganised sector, and their vulnerability to HIV infection</p> <p>The programme will undertake sensitisation workshops with industry representatives, trade unionists, labour officials, enforcement officials, NGO representatives and the media to bring about a more secure environment for sex women workers in the unorganised sector leading to effective HIV/AIDS control and prevention interventions.</p>

Sub Component	targeted intervention to reduce the risk of HIV transmission in women
Primary Objective	To develop a package of educational, syndromic and clinical STI/RTI services that will provide women a non-stigmatising environment and allow them greater capability to protect themselves from the risk of HIV infection
Secondary Objectives	<ol style="list-style-type: none">1 To create a replicable and gender-sensitive model of STI/RTI services, involving the concept of a Well Women's Clinic that allows women to openly access services without stigma2 To promote STI prevention/treatment as an HIV preventative measure amongst women and their spouses in a manner that is gender-balanced, culturally sensitive and acceptable
Strategy	<ul style="list-style-type: none">• Because 60% of all STIs in women are asymptomatic, and because of cultural factors that does not lend itself to a safe sex negotiation environment, there is a need to reach out to the larger society of women including housewives. The programme will promote a package of STI/RTI services which because of its reproductive health framework will allow women to access the clinics without fear of stigma. The clinics will also function as district nodal training centres for syndromic management of STIs.• By focusing on reproductive tract infections, the programme will reach out to women with information about STI and HIV/AIDS in a manner that is culturally sensitive. As part of its extension services, the programme will also focus on male reproductive health and sexual education to create an environment which both educates males, and makes them willing partners to responsible behaviour.

Component 1	PROTECTION OF MIGRANT WORKERS
Sub Component	Targeted intervention for migrant workers eg construction workers, hotel workers, dock workers
Primary Objective	Behaviour change amongst migrant workers leading to reduction in the risk of HIV infection
Secondary Objectives	<ol style="list-style-type: none"> 1. To undertake a mapping of all migrant worker activities in Karnataka leading to a district and city-specific understanding of the needs and vulnerability of migrant workers in these situations 2. To understand and define Safer Sex Negotiation skills 3. To undertake district and city-specific Behaviour Change Communication Strategies leading to the promotion of safe sex and STD treatment-seeking behaviour amongst migrant workers
Strategy	<ul style="list-style-type: none"> • The programme will commission a mapping of all migrant worker activities in Karnataka with the assistance of nodal and academic agencies such as the Institute of Social & Economic Change, Bangalore, Shramik Vidyapeeths, and Trade Union Federations • The programme will involve behavioural scientists and sex workers to define practical Safe Sex Negotiation Skills • The programme will involve applied communication specialists and behavioural scientists in the formulation of manuals that will allow HIV/AIDS interventionists to plan area-specific - BCC programmes

Component 1

MEN WHO HAVE SEX WITH MEN
PROTECTION

Sub Component	Targeted intervention among Men who have sex with Men
Primary Objective	Behaviour change amongst Men who have sex with Men leading to reduction in the risk of HIV infection
Secondary Objectives	<ol style="list-style-type: none">1. To undertake a pilot study in Bangalore leading to a city understanding of the dynamics and behaviour of Men who have sex with Men (MSM)2. To undertake city-specific Behaviour Change Communication Strategies leading to the promotion of safe sex and STD treatment-seeking behaviour amongst Men who have sex with sex3. To reduce the vulnerability of men who have sex with men to social and legal factors by undertaking a proactive strategy to assist government and non-government institutions in understanding and dealing with sex workers in their special circumstances4. To promote the formation of a CBO
Strategy	<ul style="list-style-type: none">• The programme will commission a pilot study of Men who have sex with Men in Karnataka.• The programme will involve behavioural scientists and Men who have sex with Men to define practical Safe Sex Negotiation Skills• The programme will involve applied communication specialists and Men who have sex with Men in the formulation of IEC materials that will allow HIV/AIDS interventionists to plan area-specific BCC programmes• The programme will undertake sensitisation workshops with elected representatives, bureaucrats, enforcement officials, NGO representatives and the media to bring about a more secure environment for Men who have sex with Men leading to effective HIV/AIDS control and prevention interventions.

AIDS Awareness and Prevention Program among Truckers in Karnataka

Overall Goal: To improve the accessibility to sexual health services for truck drivers & their helpers, who traverse the State of Karnataka.

SPECIFIC OBJECTIVES:-

- (1) To educate the target group about HIV/AIDS & to remove the misconceptions regarding the same prevailing among them.
- (2) Services for prompt detection & treatment of sexually transmitted diseases should be made available to the target population.
- (3) To educate them about proper use of condoms which should be promoted as one of the most important measures in preventing the spread of this disease.
- (4) Condoms free/branded should be made accessible to the target group at all the halt points & places with high concentration of CSWs.

STRATEGY FOR 5 YEARS:-

1st Year:-

- (1) An advocacy Meeting to be conducted to sensitise & inform all the authorities at the district level under whom this project is going to function regionally.
- 2 Months
- (2) To identify ideal halt points for intervention throughout Karnataka
- 2 Months
- (3) To identify Governmental & Non Governmental Organisations in the respective regions for planning & implementing the Programme.
- 2 Months
- (4) Sensitive & motivate all the partner Organisations by involving them right from the planning process in the Project.
- 7th Month
- (5) A Workshop to be conducted for developing Project Proposals for all the partner organisations.
- 8th & 9th Months
- (6) Proposals to be scrutinized & approved by the Society: 10th Months.
- (7) Proposals to be approved & partner Organisations to be contracted for implementation of the Programme: 10th Months.

2nd Year:-

- (8) In the Pilot phase i.e. 1st Year 10-12 Organisations could be contracted
- (9) With the lessons learned in the 1st Year & to remove & expand the services, many other organisations could be brought into the network based on the need for the same.

3rd Year:-

- (10) By the end of 2 years, the partner organisations involved in the pilot phase would have completed one year in the project & other Organisations required to cover all the truck drivers & helpers throughout Karnataka would have been contracted. The No. of such organisations to be contracted will be based on the No. of points identified as ideal halt points for interaction in Karnataka.

(11) Periodical training programmes would be conducted in the 1st, 2nd & 3rd Year to update the knowledge & skills of partner NGOs in IEC, BCC, Syndromic approach for STDs, Condom promotion & Social marketing of the same & Administration & Accounting.

(12) Concerned authorities in the district level should be involved in planning, implementing & evaluating the progress in the Project at all levels.

(13) In the 3rd Year, the focus should be more on behavioural change communication & counseling with quality based intervention.

4th Year & 5th Year:-

(14) The 4th & 5th Year should be devoted for sustainability.

INDICATOR OF PERFORMANCE:-

(1) No. of truck drivers interacted with in each month at the specified halt points.

(2) Their level of knowledge about HIV/AIDS assess by random survey at the end of 1st Year should have improved compared to that at the beginning of the project.

(3) The No. of persons using condoms should increase shown by an increase in the demand for freely supplied as well as the popular brands sold in the shops.

(4) An increase in the No. of truck drivers visiting the health centres in the halt points for STDs.

(5) No. of drivers seeking treatment in the earlier stages of STDs should improve.

(6) The No. of drivers who come for follow up should improve.

MONITORING & EVALUATION:-

As mentioned earlier the district level authorities should be involved right from the planning stage up to the periodical monitoring of the activities of partner organisations in their region. The society at the state level should appoint external consultants who would visit the partner organisations periodically in order to give a feed back on their activities to the society. The society at the state level should conduct a Meeting at least once in 6 months consisting of the Consultants, representatives from district level society, representatives of the NGO Advisory Committee, members of the Technical Advisory Committee & members of the state level society. This opportunity should be utilised to review the progress, to identify any constraints & to plan for further strengthening of the Programme in future.

EVALUATION:-

Each project partner will send a Quarterly Report of the Project to the state level society & the society based on these reports & indicators as mentioned above will do an evaluation once in 6 months. Independent evaluation by an outside agency will be taken up.

CONSTRAINTS:-

(1) Truckers are highly mobile population so follow up is very difficult.

(2) Most of them are illiterates or semi literates.

(3) Most of them are alcoholics or drug addicts (Opium) which influences their sexual behaviour.

COMPONENT NO. II TARGETTED INTERVENTIONS AMONG LOW RISK GROUPS.

BLOOD SAFETY PROGRAMME

1. The Blood Safety programme is an important sub – component under component II, which mainly focusses on complete Blood Transfusion Safety and reduction of HIV transmission through Blood and Blood products.

The Programme aims at encouraging voluntary Blood donation Movement. The Karnataka State has established the State Blood Transfusion council during July 1996 and is made functional

Under Phase – II AIDS Control Project it is planned to continue the existing one Blood component Separation Centre and will initiate action for establishment of two New Centres at Karnataka Institute of Medical Sciences Hubli and M R Medical College Gulbarga during the second year of the project to ensure the availability of services in the entire State on a regional basis and are attached to Medical Colleges. The unit cost required is worked out as per the existing pattern of NACO, and the costing is reflected as per the World Bank Guide lines vide annexure.

2. ZONAL BLOOD TESTING CENTRES:

The existing Ten Zonal Blood testing Centres will be continued in the II Phase of the Project. The equipments have already been supplied by NACO during the I – Phase of project, the requirement of budget for laboratory supplies and consumables is worked out as per NACO Guide lines and reflected in the prescribed formats. The funds required for salary component is worked out as per the pay and scale of the State Pattern.

3. Modernisation of Blood Banks

In Karnataka State the Civil works and Equipments supply including the Elisa Reader and accessories to the Blood Banks is taken care of under the Karnataka Health systems Development Project and the building maintainance and equipment maintainance will be taken care under K.H.S.D.P. and hence, the same is not claimed under phase-II AIDS Control Project

The funds required for Laboratory supplies and consumables. Salaries of Laboratory Technicians (Technical Assistants) is worked out as per the existing NACO Guidelines and States pay scale and cadre etc. and is reflected in the annexure

The training of personnel working in the Blood Banking system is reflected under Phase-II Project and a nominal operational contingency expenses is also worked out and shown in the annexure.

The detailed break-up costing is worked out vide annexure.

number of units collected, number of units transfused; number of components requested, number of components issued, number of HIV infections; number of voluntary donations; performance in quality assurance program

The institutions responsible would be all licensed blood banks in the government sector as well as those in the private sector which have been strengthened under Phase I by the State AIDS Cell

Blood Safety

Objective: (i) To monitor the use of blood and emphasise the need for rational use of blood and blood components.

(ii) To meet all requirements of the state through voluntary donation.

(iii) To establish quality control of blood banking system in co-ordination with Drugs control department

Strategies:

It is proposed that by the middle of Phase II, each of the 27 districts of the state would have one modern blood bank, with component separation facilities. This would be the nodal point for blood collection, testing and component separation, from where the requirements of the entire district would be met through distribution centers. All district blood banks in the state would be monitored using the following parameters:

Additional output supported under various other projects.

1. Building facilities and maintenance and supply of equipment and repairs and maintenance is taken care under World Bank Assisted Karnataka Health Systems Development Project.
2. Blood Bank intelligence system is already established in the state with the support of Drugs control Department in Karnataka which will monitor licensing and other blood banking system.

Voluntary Testing and Counseling Centers

OBJECTIVES TO PROVIDE VOLUNTARY TESTING AND COUNSELING FACILITIES AVAILABLE AT EACH DISTRICT IN THE STATE

PROPOSAL : At present there are only three Voluntary Testing Centres in the State and they are located in the Southern part of the State- two in Bangalore and one in Manipal. The total number of Districts in the State are 27 and therefore it is proposed to start 25 additional centres during the II Phase, to ensure atleast one voluntary testing center is established in each district and counsellors in these voluntary testing centers will be entrusted to NGOS. These centres will provide Voluntary Confidential testing, Pre and Post Test Counseling, and testing for diagnostic purposes. All these centres will be linked one Nodal centre in the State (Either BMC or NIMHANS) which would conduct monthly quality control assurance tests by dispatching coded samples. Any centre which does not perform satisfactorily in the quality assurance programme will be targeted for training and correction of errors. Each centre would have one Medical Officer, one Technician and one Counselor and shall be provided with lab and counseling space, ELISA readers, Pipettes, Multichannel Pipettes, ELISA washer, Centrifuge, pH meter, Stirrers, Glass ware and diagnostic kits for testing purposes.

Institutions responsible : Medical College Hospitals (Microbiology Departments) or District Hospital Laboratories or NGOs

Activities to be undertaken : Recruitment of staff, training of technicians and counselors (preferably PLWHAs as counselors), provision of condoms, provide counseling, provide confidential testing, positive networking and Quality assurance testing.

Time frame : Year I - 10 centres, Year II - 10 centres, Year III - 5 centres

Assessment Parameters : Appointment of Staff and equipment of Laboratories, Number of subjects availing testing facilities, Number of individuals counseled, number of HIV tests done, Quality assurance results, number of persons followed-up, number of persons referred to other centres/NGOs, Number of persons given information about HIV, Care and Support.

Risks : Sufficient number of persons may not avail facilities at all the centres, breach of confidentiality and poor follow up

COMPONENT II: INTERVENTIONS AMONG LOW RISK GROUPS

IEC & SOCIAL MOBILISATION :

Information, education and communication cuts across various components and interventions. IEC in the first phase has been general and diffuse, and has been partly successful in raising awareness. Now there is a need for systematically designed IEC that addresses the needs and concerns of specific populations and groups. Earlier IEC efforts focused on providing information and raising awareness. Although this needs to be sustained, future IEC strategies need to be culture and location specific, context-based, and aimed at promoting behaviour change. For behaviour change to occur, "correct" knowledge and positive attitudes have to be reinforced, and most importantly, conducive, enabling and supportive environment created. Therefore, one of the major aims of IEC is to mobilise specific groups, communities and the society in general to become aware, sensitive and participate actively in the design and implementation of the programme. In other words, create a sense of ownership and accountability. For this to occur advocacy is essential. Specific locally suited IEC materials will be developed keeping the local socio cultural factors and culturally acceptable to the community.

IEC

The IEC component will aim towards promoting behaviour change, this will include provision of information in a positive, sensitive way, in keeping with the needs and concerns of particular communities, e.g. CSWs, MSMs, PLWHAs, in a form that is understandable and acceptable to them.

The key to successful IEC efforts lies in not only the content of the communication but also the media "mix" used, and how effective it is in reaching particular segments of society. For instance, it is well known that mass media is well suited to raising awareness, but to bring about behaviour change there is need for interpersonal communication and interaction. Electronic and print media may be effective in urban areas, but a different strategy, consisting of folk media -jathas, melas, street plays, may have to be adopted in rural areas. Infotainment and merchandising may be particularly useful in reaching urban youth. IEC is not a one time activity. IEC efforts have to be sustained over time, evolve to meet changing concepts. Then again, these have to be backed by interpersonal communication, ranging from peer education, intensive counseling to training. Electronic media can also be interactive, the voice response system is interactive and also has provision for personalising inputs with the inclusion of counseling. Similarly, videos may be useful for developing skills, e.g. correct condom use, videos can be combined with discussions that allow for clarifications and modifications to suit particular settings and situations. Effective IEC raises expectations and creates demands. It is imperative that these be met with the provision of goods and services, such as condoms and health care.

IEC strategies have to be designed taking into consideration the local culture and circumstances, accessibility and credibility of the media. Pre-testing to ascertain the effectiveness of strategies and messages before large scale implementation is crucial. Monitoring of implementation and process evaluation with feed back to programmes is necessary for making mid-course corrections and modifications. Finally, innovative ways of evaluating behaviour change is needed. Thus, formative, process and outcome evaluation has to be built into the IEC programme.

For providing guidance and resource to the design and monitoring of the IEC programme a IEC Expert Panels at the State and district levels need to be set-up. Panel members may be drawn from the field of development communication, public health, and include experts from intervention components. District level panel should include experts familiar with the local culture and ethos, as well as district level implementors.

Social Mobilisation

For the behaviour change strategy to be successful, an enabling environment is crucial, for this involvement of the society is essential. Mobilisation of good will, a sense of vulnerability, responsibility and the will to participate and act is fundamental. Behaviour change can be only sustained in a supportive atmosphere, for this there needs to be a change in the social climate, for instance women can take up decision making roles if social structure and economic roles enable them to do so.

Advocacy will be the key strategy for social mobilisation. Advocacy to mobilise the support of policy and decision makers at the state, district and grass root levels, who have the power to make changes in programmes, laws, and influence attitudes is of the utmost importance. As HIV/AIDS issues touch up broad social and development concerns these will be linked so that HIV/AIDS becomes a part of the regular programmes. New scientific and epidemiological information, lessons from other intervention will inform the development of advocacy strategies as they develop.

Efforts will be made to draw in the commercial media- cinema, T. V , and print to depict HIV/AIDS issues in a responsible way. Private and public media sectors, and the corporate sector will be encouraged to participate and contribute to the IEC programme.

Key Activities

Activities will include-

- Advocacy for policy and decision makers
- Awareness campaigns to be reviewed and strengthened
- Interactive Voice Response Systems in 5-6 cities
- IEC directed towards grass root functionaries and organisations e.g. panchayats, mahila mandals, youth clubs
- Counselor training and support
- IEC for Work Place based interventions
- IEC for interventions with "high risk" and "low risk" groups
- Operation research to support IEC and Advocacy

KARNATAKA STATE AIDS CONTROL PROJECT

Phase - II (1999 – 2004) COMPONENT - III

Component - III of the project consists of surveillance, institutional strengthening and training, operation and research & programme management. Under component - 3 World Bank suggested organogram for medium sized state is adopted and the staffing pattern suggested will be created and filled up, in addition to secretarial supporting staff which includes drivers, Group D assistants & others.

The staffing pattern suggested will be filled up on a selection criteria who are already working under the project with due experience. And the organogram technical and non-technical staff will be filled up adopting the state cadre pay & scale and the secretarial assistance and other staff on contract basis will be filled up on a contract basis with a fixed salary on a need based terms and conditions.

The posts will be filled up on a need based basis without any rigid condition based previous ~~of~~ field experience under AIDS Prevention & Control activities. The posts of NGO Advisor and Consultant IEC will be filled up on a contract basis with a fixed salary. In addition the consultancy services will be considered wherever it is required subsequently as per the World Bank guidelines.

The existing 13 HIV Sentinel Sites will be continued during the second project and an additional 7 sites will be considered during first year of the project (1999 – 2000). These sites including 3 STD Clinic, 3 ANC Clinic and 1 Drug Deaddiction centres.

STD Clinics ANC Clinics Drugs Deaddiction Centre.

1-HIV Sentinel Sites existing	8	4	1
2. New Sites Proposed	3	3	1

And another 6 HIV sentinel sites i.e. 3 STD Clinics & 3 ANC Clinics will be considered during the 2nd year of the project (2000 – 2001), during 3rd year (2001 – 2002) 4 New STD Clinic and 3 New ANC Clinics will be considered in identified high priority area. The costing and other budget requirement is worked out on the basis of earlier guidelines of NACO, Govt. of India. STD Disease surveillance will be planned in 4 centres during 1st year of the project and will be continued during 2nd, 3rd, 4th & 5th year.

The surveillance activities will be taken up to know the trends of HIV infection prevalence among high risk groups and low risk groups over a period of time to plan for future preventive strategies. The Sentinel sites are identified duly considering all the areas of the State. The costing towards equipment's, consumables, Training Honorarium etc., are worked out based on the previous guidelines of the NACO.

The Training programme is planned to provide institutional strengthening for the following categories of Staff in the entire State.

1. Faculty Members of Govt. & Pvt. Med. Colleges.
2. Faculty Members of Health & F.W. Training Centres, and ANM & LHV Training centres.
3. Faculty Members of Dental Colleges
4. Doctors.
5. A.N.M s. (Auxiliary Nurses Mid-Wife)
6. M.P.W s (Multi purpose workers)
7. L.H.V s (Lady Health Visitors)
8. B.H.E s (Block Health Educators)
9. Staff Nurses.
10. Dental Doctors.

The Training Programme will be taken up at State Level, Regional Level and District Level.

In the first 2 year of the project a refresher training programme will be taken up during the 3rd and 4th year of the project period. The costing towards the expenditure involved in the training programme is worked out on the basis of previous guidelines of NACO, Govt. of India.

The District level AIDS Control Society, will be established on a priority basis in high prevalence areas of the following 3 District.

1. Mangalore (Dakshina Kannada)
2. Belgaum.
3. Bellary.

The Deputy commissioners of the District will be identified as Chairman of the District AIDS Control Society and the District AIDS Control Society and the District Surgeon Medical Superintendent of District Hospital will be identified as Member Secretary and a nominal honorarium and other contingencies expenditure, provision is reflected vide Annexure-I. necessary the expansion of establishment of District AIDS control society will be considered in the subsequent years of the project in other districts.

The unit cost worked out is nominal and the State AIDS prevention society will monitor the activities of the District Societies and also the remaining areas of the state about the implementation of various activities.

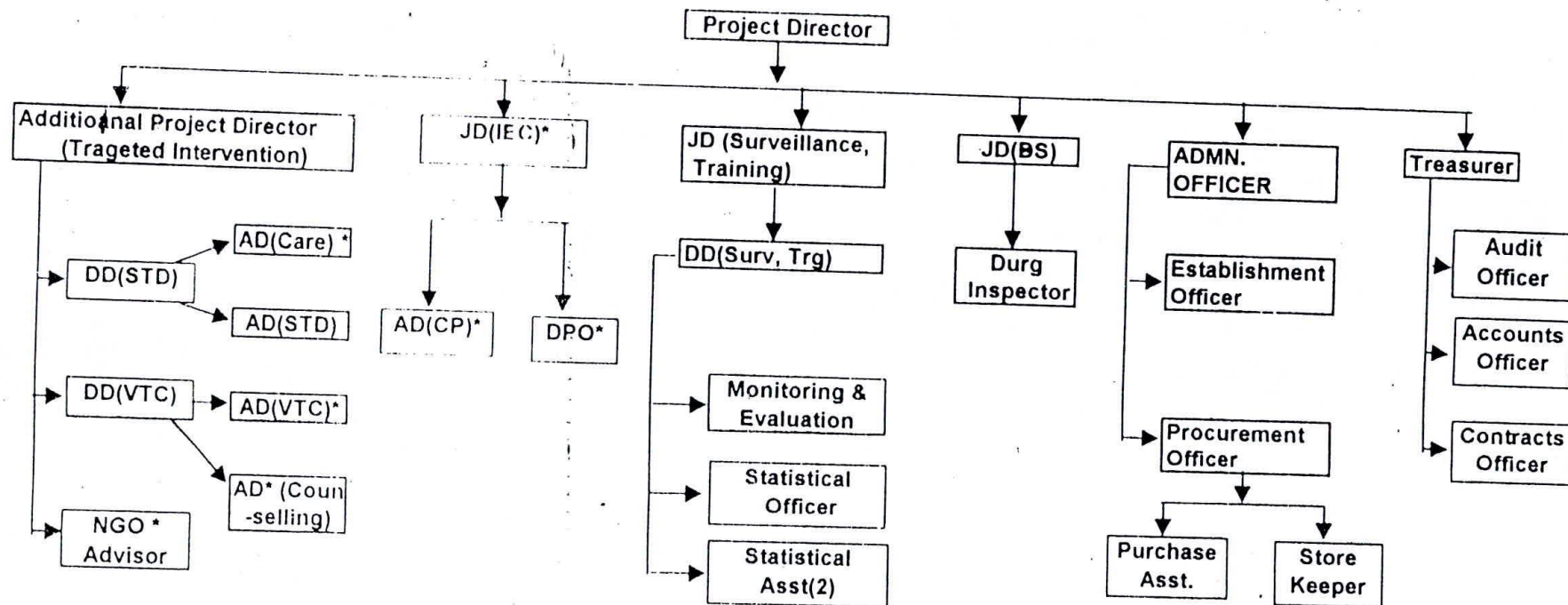
The Unit cost of the budget requirement for the entire project of 5 years^{year}-wise is reflected in the annexure as per the guidelines of the NACO.

The organogram and the pattern of staff suggested in the second project is reflected vide annexure.

The equipment will be procured by NACO following LCB procedures. And wherever consumables and other sundry items are required the state AIDS prevention society will follow LCB procurement as per world bank guidelines.

ORGANOGRAM FOR AIDS CONTROL SOCIETY IN MEDIUM SIZED STATES

(Rajasthan, Karnataka, Gujarat, Orissa, Kerala, Assam, Punjab, Haryana, Corporation of Delhi & Mumbai).



COMPONENT IV: CARE AND SUPPORT

The AIDS II project will have a significant thrust on Care and Support for infected and affected due to HIV / AIDS. Currently with the growing epidemic, the centrality of prevention will be care and support. Care in the clinical sense will encompass the spectrum starting from health maintenance after infection to care during illness (acute and chronic). Health care settings will be explored and involved to respond to the ever increasing care demands and needs.

It is well understood that HIV / AIDS is a long term infection and disease. The focus of care will be life after infection and recovery after illness (Eg. TB and other opportunistic infections). As in the case of any long term illness (e.g. diabetes) HIV / AIDS care will begin from home care move on to institutional care to be continued as home care again complemented by medical units, counseling centres, short / long stay homes, hospices, self help groups leading to self care and self help. In the involvement of people living with HIV and AIDS is paramount in determining the nature of care that is needed. This can also include affected family members and other individuals.

One of the critical aspects of care is emotional and psychological care that arises out of the diagnosis, fear and needs arising due to trauma of repeated illness. Hence Counseling will be a very important component of the care continuum. At this point it needs to be strongly stressed that counseling is a process and not an event, as is some times conceived hence adequate provisions needs to be incorporated.

In this process of providing care and support, therefore there are elements such as, clinical management, nursing care, counseling, home care, hospice care, action to protect individuals from discriminatory practices, services for meeting social support needs.

It is important to look at existing health care system an accommodating changes with in the systems to respond appropriately to address the health care needs of people living with HIV / AIDS. It is imperative that the different levels work well together to provide a continuum of care which is comprehensive and holistic.

The efficient functioning of the holistic care continuum depends on :

- a) Process / procedures of health care reference between hospitals, testing facilities, blood banks, NGOs, CMBOs, Doctors other paramedical staff, Government Bodies, Departments, companies (corporate public sector undertakings) etc.
- b) Process / procedures for referral of people with HIV / AIDS and their families for social support (apart from the above mentioned there is a requirement to train, facilitate and support other NGOs, institutions, missionary organisations to provide the infrastructure, facility and support.
- c) Supervision of existing staff by appropriate personnel and facilitating on going training as per need.
- d) Collaboration and Coordination between and among Government agencies Non Government and private sector responses in health, social and community based care activities.

Complementary to care is support, "support for people living with HIV and their families". This can be interpreted as social support, economic support, support for positive living, support towards enabling and sustaining productivity there by reducing the care burden on the state. Much of this can be achieved by involving community groups, community organisations and spontaneous groupings of people living with HIV/AIDS. Hence, support in the context of care provides a social safety net for the infected. e. g. legal support, support needed because of spouses death or due to destitution, support for children orphaned due to parents death (home and education), support for vocational training and skills development to sustain income, job opportunities in compassionate grounds, support for reintegration of individuals in broken families. Care ensures recovery from illness and support provides for rehabilitation in pursuit of a quality of life.

By strengthening the existing care facilities in various district head quarters, both in government sector non Government sector, non government and private sector the first step to ensure access to care for opportunistic infections will be established (Note : The above mentioned strategy should be also equally incorporated in the urban sector)

Various levels of training for care providers in the fore said sectors will be conducted to standardise care procedures and promote quality service and ethical practices in providing care for people living with HIV/AIDS.

For effective treatment programme drugs that will be used for treating opportunistic infections including TB will be made available to NGOs, CBOs, Government care settings and other non governmental institution that provide care for PLWH/A.

Hospital care will be in the form of interim care and acute care and not as institutional care that will be for prolonged duration. Hence, all care providing centres will engage in outreach training for promoting home care program with adequate emphasis on social restructuring and ongoing support. This will be in conjunction with non-government and private sector agencies.

Current community based care programmes will be examined to explore the scope of involving government functionaries, other NGOs, CBOs and other institutions in incorporating HIV care in their programmes.

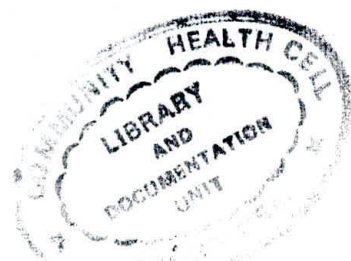
With in the care and support programme, a nutrition component that will enable care gives to provide nutrition information, nutritional product support for PLWH/A to promote well being ill be added.

There is evidence that there is an increasing trend of infection among pregnant mothers. Under the guidance of the NACO, a therapeutic intervention program that will provide for AZT to positive pregnant mothers will be examined and implemented in a phased manner.

Since pulmonary tuberculosis is emerging as the twin epidemic and there are successful programmes to deal with TB at the community level, linkage with those programmes and instituting new Anti TB initiatives will minimise the morbidity due to HIV and TB. Drugs for treating PTB will be made available through various care outlets and proper monitoring to minimise drug resistance to TB will be part of the initiative. Revival of the diarrhea will be one of the outreach home care initiatives thereby averting possible morbidity and mortality.

The concept of hospice care has been well established in Karnataka and the State can take pride in being the first to do so "Freedom Foundation Trust" an NGO has been dealing with alcoholism drug addiction and HIV/AIDS. The above mentioned organization have been pioneers in this area it is now considered to be the ideal model to be replicated in other parts of the country. Though the institution and the model can be upgraded and supported recently two other NGOs Samraksha and Snehadan have started the same in a small way. Similar kind of mini facilities can be incorporated in other parts of the states.

Indigenous therapies for care will be explored and encouraged with good markers identified for success. Eg. Ayurvedha, Siddha, Homeopathy etc. Research on therapeutic significance of various approaches in clinical care will be encouraged and successful initiatives will be replicated.



COMPONENT V: INTERSECTORAL CO-ORDINATION

Intersectral collaboration with Public and Private Sector

Health Sector Plays an important part in any community based intervention programs. for successful implementation of AIDS control project other related sectors like education, Urban Development Women and Child welfare Prisons and Jails Social Welfare labor play a great role incarnating the sperfez intervention strategy. The first phase of the AIDS control project lacks. This Component effective intersectional condition between different core Departments and between Government and Private is really needed. It is suggested to have representatives of these sectors at the State level and district level and it is suggested to form subcommittees at different implementation levels like District, State and Corporation areas. The role of each sector will be specifically defined. The same also applied to copying the representative of N40's Who have successfully implement AIDS control project in the cost 2 to 5.

Private Sector is an important component especially in this state as large work force is engaged in this activity this includes private factors, other establishments like. Industries, Urban Industries, Private sectors and Junior colleges etc.,

Public sector Under taking employ a large man power in Karnataka like HAL, IIT, BEL, ITI, HMT, BHEL, BEML and it's planed to develop a strategy for awareness relative in contraption with the management. Educational Department especially secondary Education, will be involved in awareness activities and to train the teachers and peer educators

The strategy to implement sector specter activity will be planned both at state level and district level as per to need. This component of Intersectral coloration with public and private sector is expected to cost Rs. 5.36 crores. The phasing of the activity is enclosed with details of costings and calculations is enclosed wide annexare.

PROCUREMENT PLAN

In the Karnataka State AIDS prevention society procuring the equipments, vehicles, furnitures, consumables, stationaries, etc., which are not supplied by NACO by adopting the purchase prucedures of NACO vide their letter dated 23-09-1992. The tender notification is made in leading daily newspapers and the formalities of procurements are followed as per NACO guidelines.

For STD Clinics/ Blood Banks the equipments are supplied by NACO and the consumables of Blood Banks and STD Medicens to STD Clinics. Further a technical committee will be formed by the society and the procurements procedures for items costing around Rs. 15 lakhs the method of local competitive bidding will be followed and for items costing above Rs. 15 lakhs the method of National bidding will be followed and for itmes costing less then Rs. 10 lakhs the method of calling sealed quotations from minimum three or four local firms will be followed.

Under Phase II AIDS Control Project the procurement load will be considerable and hence will be handled by qualified trained staff and the technical committee for procurement process will scrutinise all procedures for local shopping, National Competitive bidding and local competitive bidding. The annual maintenance contract for equipments wiil be arranged by the Karnataka state AIDS Prevention society for all the equipments including those already supplied by NACO after the expiry of NACO's contract.

The civil works under Phase II project are minimum and relate to renovation and extension facilities for counseling facilities STD Clinics, and also at voluntary testing and counseling centers. The new construction under civil works are already being taken up under world bank assisted Karnataka Health System Development Projects.

The maintenance of the buildings are under taken by Public Works Department of the State Government out of State Funds.

The local consultants are proposed to be employed on honorarium not exceeding Rs. Fifteen thousand per month by the Karnataka State AIDS Prevention Society which will be done by fixing guidelines and agreement and will be selected and appointment by the executive committee of the society duly advertising in leading daily newspapers, fixing of guidelines qualifications, age etc. For selection of NGO's for targetted interventions the NACO Guidelines already existing will be followed.

In Karnataka state District Level committee under the chairmanship of the Deputy commissioner of the district with District Health and Family Welfare officer as Member Secretary is already formed in all the District.

Step. 1 : These District Committees will short list and scrutinise the project proposal of NGO's and forward to Karnataka State AIDS Prevention Society.

Step. 2 Subsequently the Karnataka State AIDS Prevention Society officials will examine and scrutinise the project and will be submitted to the executive committee.

Step. 3 The executive committee of the society will examine for giving approval and sanction of the grant in aid.

Step 4. The financial assistance to NGO's will be released in the form of grant in aid by obtaining grant in aid bills and payees receipt with an agreement on a judicial stamp paper. The funds will be released in two or three instalments.

MONITORING AND EVALUATION OF PHASE II AIDS CONTROL PROJECT 1999 - 2004

- The monitoring will be done by Karnataka State AIDS Prevention Society.
- Monthly monitoring will be taken up and will be reviewed in the executive committee meeting and general body of the society.
- Monitoring of the activities under all the components will be done by an expert committee under Karnataka State AIDS Prevention society.
- Financial monitoring of activities including the grants received from NACO and World Bank will be monitor by the accounts wing of the society and also by identified Chartered Accountant/ Accountant General.
- Quarterly financial expenditure statement will be submitted to NACO and World Bank.
- An independent agency will be identified and entrusted for periodical evaluation of the Phase II AIDS Control Project.
- Performance indicated will be developed for different component of the Phase II Project.
- World Bank Mission review will be taken up once in six month by World Bank or NACO.
- Mid-term review will be taken up by the World Bank some time in December 2002.
- Monthly monitoring formats will be computerised showing both physical and financial activities under taken in the Phase II project.
- Project completion report will be submitted after six months after completion of the Phase II project.

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ANNEXURE - I

IMPLEMENTATION ACTIVITIES DETAILS

COMPONENT I TARGETTED INTERVENTIONS AMONG HIGH RISK GROUPS.

Sub component:- Sex workers Protection Programme

Secondary Objectives : 1 To undertake a mapping of the sex industry in Karnataka leading to a district and city-specific understanding of the dynamics and behaviour of sex workers and their clients

Level of Implement'n	Process	Sub-Process	implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
State AIDS Society	establishment of Terms of reference for the study in consultation with AIDS Interventionists , NGO bodies, enforcement agencies, concerned government departments	Identification and selection of an appropriate research institution	Researchers	Selected Research institution	i. setting up of ToR ii. Identification of research Institution iii. pilot study in 1 urban/rural district iv. analysis of findings v. revision of ToR vi. Implementation of State study vii. presentation of findings and recommendations to a Professional Review Body viii. Publishing of report ix. Dissemination of report	Yr 1	<ul style="list-style-type: none"> systematic district mapping of the sex industry in Karnataka identification of sexual interests of clients understanding of the economics of the sex industry identification of special interest groups: transsexuals, MSM, Devadasis etc identification of area-specific key behavioural factors determining the nature of the sex industry 	lack of Cooperation from members of the sex industry and enforcement agencies researcher insensitivity to sex worker / client behaviours

COMPONENT I

Secondary Objectives : 2 To understand and define Safer Sex Negotiation skills

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
NGO	establishment of Terms of reference for the study in consultation with behavioural scientists, sex workers, transsexuals, MSM and NGOs Involved with AIDS Interventions	Identification and selection of an appropriate research institution	Researchers, sex workers and NGO field staff	Selected Research institution	i. setting up of ToR ii. Identification of research institution iii. pilot study iv. analysis of findings v. revision of ToR vi. implementation of study across all groups requiring Safer Sex Negotiation Skills vii. presentation of findings and recommendations to a Professional Review Body viii. Publishing of report ix. Training workshops to implement report recommendations	Yr1	<ul style="list-style-type: none"> identification of all groups requiring Safer Sex Negotiation Skills identification and understanding of existing factors that constrain Safer Sex negotiation understanding of the skills required for Safe Sex negotiation Trainings undertaken Field testing of skills learnt and used 	socio-economic factors which make Safe Sex Negotiation an alien concept lack of support and understanding from pimps / madams researcher insensitivity to sex worker / gender realities

COMPONENT I

Secondary Objectives : 3 To undertake district and city-specific Behaviour Change Communication Strategies leading to the promotion of safe sex and STD treatment-seeking behaviour amongst sex workers and their clients

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
1. Brothel/ Lodge/ Street / Community	Education and Promotion of safe behaviours	Inter-personal communication condom promotion and health care referrals	NGO counsellor / coordinator, field staff, and Peer educators	NGO concerned	i. Recruitment of 1 Counsellor / coordinator, 2 field staff and 10 peer educators to work with 200 sex workers under street-based sex trade conditions ii. Recruitment of 1 Counsellor / coordinator, 2 field staff and 10 peer educators to work with 500 sex workers in brothels iii. Training for NGO counsellor / co-ordinator, field staff and peer educators iv. Development and production of BCC materials v. Outreach travel for education vi. Condom transportation/storage and distribution vii. STD education/referrals	Yr1- Yr5	Number of Counsellor / co-ordinators trained and working in field Number of field educators trained and deployed Number of peer educators trained and deployed sex worker-related BCC materials developed and produced Number of condoms distributed and used Number of Sex Workers counselled Number accessing STD services	lack of empathy amongst staff lack of Peer Educators Peer Educator turnover inconsistent Condom supply

Secondary Objectives : 4 To reduce the vulnerability of sex workers to social and legal factors by undertaking a proactive strategy to assist government and non-government institutions in understanding and dealing with sex workers in their special circumstances

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implm.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
Government and NGO institutions dealing with sex workers	sensitisation workshops and IEC	helping GO and NGOs to adapt their mandates to respond sensitively to the special circumstances that sex workers live in	NGO Co-ordinator/ KSAPS Co-ordinator	NGO /KSAPS	i. sensitisation workshops ii. redefining workshops for existing institutional mandates iii. Advocacy of individual cases	Yr1- Yr5	consistent and positive access to sex workers in their working environments No of institutions that have adapted themselves to dealing with sex workers in their special circumstances	Refusal by GO/NGO authorities to participate

COMPONENT I

Sub component :- STI / RTI SERVICES

Secondary Objectives : 1 To create a replicable and gender-sensitive model of STI/RTI services, involving the concept of a Well Womens' Clinic, that allows women to openly access services without stigma

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assess ment Parameters	Risks
District NGOs/ DSAS	establish qualitative STI/RTI services for women	establish district training and extension services for syndromic management of STIs	District STI/RTI team	NGOs / DSAS	i recruit and train 1 coordinator +1 Woman Doctor +1 counsellor +1 lab technician +1 community organiser to provide STI/RTI services to 20 women/day ii identify site for clinic, preferably within District Hospital premises iii equip clinic with required instruments and lab materials iv provide a structured environment in which all women have access to education while waiting, and counselling immediately after consultation/examination v practice DOTS for first intake of medicines. vi Because of the average cost of Rs 350/woman/treatment arrange for free medicine support for an effective service, leading to providing demonstration/training services to other medical practitioners in the district vii. provide referrals as necessary viii. conduct monthly Planning and Training services for syndromic management of STIs/RTIs	Yr1-Yr5	<ul style="list-style-type: none"> establishment of district training and service units provision of package of STI/RTI services no of women accessing these services and followed up Planning and training sessions held no of other medical facilities supported in the district referral links established 	clinic space may not be available in the District hospital premises cost of treatment makes replicability without access to free medicines difficult finding suitable Woman Doctor poor repeat attendance lack of interest from management of existing health services

COMPONENT I

Secondary Objectives : 2 To promote STI prevention/treatment as an HIV preventative measure amongst women and their spouses in a manner that is gender-balanced, culturally sensitive and acceptable

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implm.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
District NGOs/ DSAS	establishment of promotional activities	development of appropriate IEC materials for both women and men establishing referral links	RTI/STI Team	NGO	i. preparation and production of IEC materials ii. awareness programmes with men and women on women and male reproductive health, sex education, STI/RTI symptoms, and services available	Yr1-Yr5	<ul style="list-style-type: none"> No of IEC materials designed, produced, distributed No awareness programmes held No women accessing clinic No spouses counselled, referred 	lack of participation cultural factors not overcome spousal support not available

COMPONENT I

Sub component:- MSM PROGRAMME

Secondary Objectives : 1 To undertake a pilot study in Bangalore leading to a city understanding of the dynamics and Behaviour of Men who have sex with Men (MSM)

Level of Implement'n	Process	Sub-Process	implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
NGO	establishment of Terms of reference for the study in consultation with AIDS Interventionists NGO bodies, gay activists	Identification and selection of an appropriate NGO	Researchers	Selected NGO	i. setting up of ToR ii. identification of research institution iii. pilot study in 1 urban district iv. analysis of findings v. revision of ToR vi. implementation of study vii. presentation of findings and recommendations to a Professional Review Body viii. Publishing of report ix. Dissemination of report	Yr1	<ul style="list-style-type: none"> systematic city mapping of MSM in Bangalore identification of sexual interests of MSM identification of area-specific key behavioural factors determining the vulnerability of Men who have sex with Men to the risk of HIV transmission 	lack of Cooperation from MSM researcher insensitivity to MSM Negative legal environment

COMPONENT I

Secondary Objectives : 2

To undertake city-specific Behaviour Change Communication Strategies leading to the promotion of safe sex and STD treatment-seeking behaviour amongst Men who have sex with Men

Level of Implemen	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
1. Street / Community	Education and Promotion of safe behaviours	Inter-personal communication condom promotion and health care referrals	NGO Counsellor / coordinator, field staff and Peer educators	NGO concerned	i Recruitment of 1 Counsellor / coordinator, 2 field staff and 10 peer educators to work with 100 MSM under street-based conditions ii Training for NGO counsellor / coordinator, field staff and peer educators iii Development and production of BCC materials iv Outreach travel for education v Condom transportation/storage and distribution vi STD education/referrals	Yr1- Yr5	Number of Counsellor / coordinators trained and working in field Number of field educators trained and deployed Number of peer educators trained and deployed MSM -related BCC materials developed and produced Number of condoms distributed and used Number of MSMs counselled Number accessing STD services	lack of empathy amongst staff lack of Peer Educators Peer Educator turnover inconsistent Condom supply

COMPONENT I

Secondary Objectives : 3 To reduce the vulnerability of MSM to social and legal factors by undertaking a proactive strategy to assist government and non-government institutions in understanding and dealing with sex workers in their special circumstances

Level of Implemen	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
Government and NGO institutions dealing with MSM	sensitisation workshops and IEC	helping GO and NGOs to adapt their mandates to respond sensitively to the special circumstances that MSM live under	NGO Co-ordinator/	NGO	i. sensitisation workshops ii. redefining workshops for existing institutional mandates iii. Advocacy of individual cases	Yr1- Yr5	consistent and positive access to MSM environments No of institution/NGOs that have adapted themselves to dealing with MSMs in their special circumstances	Refusal by GO/NGO authorities to participate

Secondary Objectives : 4 To promote formation of CBOs

Level of Implemen	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
NGO	Identify leadership Provide training	Formation of support groups	NGO functionary Peers	NGO	i. Skills training ii. Meetings for consensus iii. Formation of care group iv. CBO formation	Yearly, as per project cycle	Number of persons provided skills Documentation for registration prepared CBO registered	NGOs not willing to initiate Inappropriate members form group

COMPONENT I

Subcomponent:- MIGRANT WORKERS PROTECTION PROGRAMME

Secondary Objectives : 1 To undertake a mapping of all migrant worker activities in Karnataka leading to a district and city-specific understanding of the needs and vulnerability of migrant workers in these situations

Level of Implement	Process	Sub-Process	implementor	Inst resp for Implm.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
State AIDS Society	establishment of Terms of reference for the study in consultation with migrant workers, Industry representatives, trade unionists, the labour department, lawyers, activists, NGOs working with AIDS	Identification and selection of an appropriate research institution	Researchers, migrant workers	Selected Research institution	i. setting up of ToR ii. Identification of research institution iii. pilot study migrant labour-intensive Industries in the unorganised sector in 1 district iv. analysis of findings v. revision of ToR vi. Implementation of State study vii. presentation of findings and recommendations to a Professional Review Body viii. Publishing of report ix. Dissemination of report	Yr1 3-6mths	<ul style="list-style-type: none"> systematic district and industry-wise mapping of migrant labour-intensive industries in Karnataka identification of needs and vulnerabilities of migrant workers, especially women 	lack of Cooperation from management of these industries researcher insensitivity to migrant worker realities

COMPONENT I

Secondary Objectives : 2 To undertake district and city-specific Behaviour Change Communication Strategies leading to the promotion of safe sex and STD treatment-seeking behaviour amongst migrant workers

Level of Implemen	Process	Sub-Process	Implementor	Inst resp for Implm.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
1. Migrant worker sites	Education and Promotion of safe behaviours	Inter-personal communication, condom promotion and health care referrals	NGO counsellor / coordinator, field staff, and Peer educators	NGO concerned	i. Recruitment of 1 Counsellor / coordinator, 2 field staff and 10 peer educators to work with 250 migrant workers ii. Training for NGO counsellor / co-ordinator, field staff and peer educators iii. Development and production of BCC materials iv. Outreach travel for education v. Condom transportation/storage and distribution vi. STD education/referrals	Yr1- Yr5	Number of Counsellor / co-ordinators trained and working in field Number of field educators trained and deployed Number of peer educators trained and deployed migrant worker-related BCC materials developed and produced Number of condoms distributed and used Number of migrant workers counselled Number accessing STD services	lack of empathy amongst staff lack of Peer Educators Peer Educator turnover inconsistent Condom supply

COMPONENT I

Sub component:- WOMEN WORKERS PROTECTION PROGRAMME

Secondary Objectives : 1 To undertake a mapping of all woman labour-intensive industries in the unorganised sector in Karnataka leading to a district and city-specific understanding of the needs and vulnerability of women in these situations

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
State AIDS Society	establishment of Terms of reference for the study in consultation with women workers, Industry representatives, trade unionists the labour department lawyers, women activists, NGOs working with AIDS	Identification and selection of an appropriate research institution	Researchers, women workers	Selected Research institution	i. setting up of ToR ii. identification of research institution iii. pilot study women labour-intensive industries in the unorganised sector in 1 district iv. analysis of findings v. revision of ToR vi. implementation of State study vii. presentation of findings and recommendations to a Professional Review Body viii. Publishing of report ix. Dissemination of report	Yr1 (3-6mths)	<ul style="list-style-type: none"> systematic district and industry-wise mapping of women labour-intensive industries in the unorganised sector in Karnataka identification of needs and vulnerabilities of women workers 	lack of Cooperation from management of these industries researcher insensitivity to woman worker realities

COMPONENT I

Secondary Objectives : 2 To understand and define mechanisms which reduce women's vulnerability to sexual harassment in the work place

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
KSAPS	establishment of Terms of Reference for a study to understand and define mechanisms to deal with sexual harassment in consultation with women workers, Industry representatives, trade unionists, the labour department, lawyers, women activists, NGOs working with AIDS Interventions	Identification and selection of an appropriate research institution	Researchers, committee members	Selected Research Institution	<ul style="list-style-type: none"> i. settling up of ToR ii. identification of research institution iii. literature survey iv. presentation of options to committee members v. operationalisation of recommended mechanisms vi. piloting of mechanisms with volunteer Industries vii. presentation of findings and recommendations to a Professional Review Body viii. Publishing of report ix. Training workshops to implement report recommendations 	Yr1	<ul style="list-style-type: none"> • identification of existing legal, social mechanisms • understanding of the use and limitations of these mechanisms • pilots undertaken • Trainings undertaken 	<ul style="list-style-type: none"> non-acceptance by management lack of support and understanding from woman workers researcher insensitivity to women worker / gender realities

COMPONENT 1

Secondary Objectives : 3 To undertake industry-specific interventions leading to the reduction of sexual harassment and vulnerability to HIV infection of women workers in the unorganised sector

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
women labour-intensive Industries in the unorganised sector	establishment of women-supportive mechanism at shop floor level	management/worker education leading to participative processes	NGO field staff, and women worker representatives	NGO concerned	i. Recruitment of 1 coordinator, 10 field staff and peer/representative educators to work with women workers in the unorganised sector ii. Training for co-ordinator, field staff and peer/representative educators iii. Development and production of BCC, legal literacy materials iv. Outreach travel for education v. STD education/referrals	Yr1- Yr5	Number of Coordinators trained and working in field Number of field educators trained and deployed Number of peer/representative educators trained and deployed women worker-related BCC/legal literacy materials developed and produced Number of Women Workers counselled No of sexual harassment cases followed up Number accessing STD services	lack of management/worker support lack of empathy amongst staff legal hurdles in following up sexual harassment cases

COMPONENT I

SUB COMPONENT: Truckers Awareness Program

- Basic Objectives :
1. To Educate Truckers about HIV/AIDS and remove misconception
 2. To Provide service for prompt detection and treatment for STD/RTI
 3. Educate Truckers about proper use of condoms
 4. To provide condoms to Truckers Across the State free of cost.

Level of Implementation	Process	Sub-Process	Implementer	Instn. Resp. For Implm	Activities To be Undertaken	Time Frame	Assessment Parameters	Risks
State & District & NGO	Identify NGOs	Identify /HALT Points across High ways Invite proposals from NGOs / CBOs Scrutinise Proposals	K A P S/D/A.P S	NGOs / CBOs	Identification of NGOs Identification of Halt points Training and recruitment of staff by NGOs / CBOs Providing STD services along Highways Providing Medicines and condoms Preparation of relavent IEC material and conduct Periodic training for staff	Y1 to Y5	<ul style="list-style-type: none"> • Number of Truckers contacted KAP Studies among truckers • Number of Truckers availing STD Services • Number of STD Service points functional on Highways • Number of condom supplied • Number of Truckers reporting for folowup 	Truckers are mobile, No change in behaviour, No followup



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COMPONENT I

Sub component:- Substance Abuse

Basic Objectives:- 1 To encourage behavior change leading to reduction of HIV/ AIDS infection among abusers

Level of Implementation	Process	Sub process	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
KSAPS DAPS NGO	IDENTIFY NGOs	Establish the need in Districts	NGOs DAPS KSAPS	NGO/ CBO	<ul style="list-style-type: none"> Identify NGO/CBO responsible Establish centre/units across the state Recruit train and employ staff Provide medicine and counselling services Provide networking and referral services with other agencies Provide training to other agencies Creating peer system for implementation Mobilisation of Social support 	Y1 to Y5	<ul style="list-style-type: none"> No. of persons availing services & No. of NGO/CBO units established & active. Feed Back from implementing agencies about the component Recovery rate from sub-stance abuse and incidence of safe sex behaviour Involvement and feed back from positive people Number of subjects on follow up. 	<ul style="list-style-type: none"> Relapse May not avail services Community insensitivity Marginalisation of positive people

COMPONENT - II TARGETTED INTERVENTION AMONG LOW RISK GROUP

Blood safety programme.

Sub Component:- Blood Component Separation Centre.

Basic Objectives :

- To emphasize rational use of blood.
- To Prevent HIV Transmission through Blood and Blood Products.
- To Ensure Blood & Blood Products available to all Districts.

Level of Implementation	Process	Sub-Process	Implementer	Instn. Resp. For Implm.	Activities To be Undertaken	Time Frame	Assessment Parameters	Risks
State Level	Identify Blood Banks to provide Blood Component separation facilities at State Level & other places	<ul style="list-style-type: none"> Initiate procurement procedure for supply of Equipments and Consumables Identify Technical staff, Blood Bank Officers Technical Assistants Install equipment to make functional 	K.S.A.P.S and Major Hospital Blood Banks	Major Hospitals & Medical Colleges	<ul style="list-style-type: none"> Recruitment of staff Training of Blood Bank Officers and Technicians Supply of Consumables for Component separation. storage and distribution to peripheral centres. Conduct tests for HIV and other Blood borne pathogens Providing Training & information on rational use of Blood and Blood products in the District. 	Y1 to Y5	<ul style="list-style-type: none"> No. of Units collected Number of Component separation carried out. Number Transfused. Number Distributed to peripheral centres No. of Training programmes conducted and No. trained. Number of HIV & other infection detected. 	Lack of supply of consumables on time.

COMPONENT II : BLOOD SAFETY PROGRAMME

Sub Component: ZONAL BLOOD TESTING CENTRES

Basic Objectives:- To prevent HIV transmission through Blood – To emphasise rational use of BLOOD

Level of Implementation	Process	Sub process	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
State level & Regional Level	Identify Blood Banks to provide Z.B.T.C Facilities	<ul style="list-style-type: none"> Initiate procedures for supply of Equipment and consumbles To identify Technical staff Blood Bank format to be Supplied 	K.S.A.P.S & Hospitals with ZBTC Facility	Major Hospitals State/Dist./ Medical colleges	<ul style="list-style-type: none"> Recruit staff Training of staff Supply of consumables Conduct tests for HIV and other Blood borne pathogens Review activities of Blood Banks linked to ZBTCs both Govt. and private Voluntary Blood Banks Conduct Voluntary blood donation camps. collection / storage/ 	Y1 to Y5	<ul style="list-style-type: none"> Number of Units collected Number of Blood units distributed Number of Blood Borne disease detected 	<ul style="list-style-type: none"> Lack of supply of consumables on time. Non-co-ordination of private Voluntary Blood Banks

COMPONENT II BLOOD SAFETY PROGRAMME

Sub Component - Modernisation of Blood Banks

Basic Objectives: - To prevent HIV transmission through Blood-to-ensure safe Blood transfusion through Voluntary Blood donation

Level of Implementation	Process	Sub process	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
State Level & District Level	<ul style="list-style-type: none"> Identify Hospital to Provide Blood Bank facilities at State level District Level and Block Level places 	Initiate procurement procedures for supply of consumables/ equipments	KSAPS & Major/Dist. Hospital	Major/Dist./Block Level Hospitals	<ul style="list-style-type: none"> Recruit Staff Training of Blood Bank officer /staff Supply of consumables/ equipments Collection / storage and distribution Conduct Voluntary Blood Donation Camps Conduct tests for HIV and other Blood borne pathogens 	Y1 to Y5	<ul style="list-style-type: none"> Number of units collected & distributed for transfusion Number of Blood borne diseases detected Number of voluntary Blood Donation camps conducted 	<ul style="list-style-type: none"> Lack of supply consumables & equipments on time

COMPONENT II - VOLUNTARY TESTING AND COUNSELLING CENTRES.

Objective:- To provide voluntary testing and counselling services for HIV in each district of Karnataka

Secondary Objectives	<ol style="list-style-type: none"> To provide confidential testing and counselling services To facilitate networking of positive people in the districts To supplement and strengthen STI/RTI interventions 							
Level of Implementation	Process	Sub-process	Implementer	Institution Responsible for Implementation	Activities to be undertaken	Time Frame	Assessment parameters	Risks
State Level & District Level	Establish qualitative HIV testing and counselling facilities	Establish/ strengthen District laboratories and integrate with Dt STI/RTI services	K S A P S & District Voluntary testing team	District Hospital /Medical College	<ol style="list-style-type: none"> Recruit and train VTC team in testing and confidentiality (1 Medical Officer +1 technician) Identify site for VTC Lab (preferably within district hospital/ medical college) Adapt existing facilities Equip the VTC Labs Provide confidential testing facilities facilitate networking of Positive people at district-level provide trainings on universal precautions for HCWs Provide appropriate referrals Participate in State Quality Assurance Programme Develop and produce VTC-specific IEC materials 	Year 1 -Year 5 Yr1 = 10 Dts Yr2 = 10 Dts Yr3 = 5 Dts Yr3-5 = 25 Dts Operational	<ul style="list-style-type: none"> No of patients tested No patients pre-test, post-test counselled No of Universal Precautions trainings held Assessment of VTC quality and confidentiality though feed back from Positive people No of Positive People groups established No of Positive People facilitated to access services 	<ul style="list-style-type: none"> Services may not be accessed uniformly space may not be available

COMPONENT II

Sub component: - I.E.C. INFORMATION EDUCATION AND COMMUNICATION

- Basic Objectives:
- 1. To develop culture specific, region specific materials for HIV/AIDS/STD awareness
 - 2. To develop positive messages which focus on safer sexual practices and not on fear.
 - 3. To disseminate HIV/AIDS awareness message using all forms of Media

Level of Implementation	Process	Sub process	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
State/Districts and Blocks	Identify agencies for developing IEC materials	a. Identify agencies for each Medias (Print, Electronic and Folk) b. Identify NGO and other partners c. Formation of state & Dist Level Committees involving NGOs d. Contracting execution to NGO/private agencies	KSAPS & DAPS	NGOs/CBOs DHFWOs	1. Set up committees state and Dist. Level 2. Recruit IEC consultants 3. Development of IEC materials 4. Conduct training programmes for NGO / CBO 5. Distribution of materials Broadcasting / Telecasting / staging nodal activities 6. Contract material Development 7. Field testing of materials developed 8. Involve positive people (PLWHA) for awareness activities 9. Plan for KAP studies	Y1 to Y5	1. Quality of material developed 2. Feed back from community 3. Feed back from positive people 4. Number and type of materials developed 5. No. of district committees and NGO formed 6. No. of positive people involved 7. No. of KAP studies conducted.	-Fear based messages Misconception -Lack of response from /NGOs / public in the Districts

COMPONENT II

SUB COMPONENT:- Character building , Sexual Education and HIV/AIDS Awareness

Basic Objectives : - To Provide value education to promote Safer sexual behaviour among the adolescent and youth

Level of Implementation	Process	Sub-Process	Implementer	Instn. Resp. For Implm	Activities To be Undertaken	Time Frame	Assessment Parameters	Risks
State & District	Training of Teachers across the State	Conducting training of Teachers Providing curriculum Involve NGOs Involve Education Dept and Institutions	NGOs /Trained Teachers teams	<ul style="list-style-type: none"> K.S.A.P.S NGOs Educational Institutions 	<ul style="list-style-type: none"> Identify NGOs for Training Teachers Incorporation of curriculum into school syllabus. Promoting Parent-Teachers, student – Teachers activities. Creating peer system leading to implementation Community out reach. Development of age, Gender, target specific kits for implementation (IEC material) 	Y1 to Y5	<ul style="list-style-type: none"> Number of Teachers trained / No. of Schools implementing programme. No. of peers involved, No. of IEC materials developed and distributed Type of Training imparted Undertake studies to asses impact of training (Sexual behaviour) & Substance abuse. Type of curriculum Developed 	a) Misconceptions about HIV/AIDS b) Rigidity among teachers/Institution c) Resistance to Change

COMPONENT III

SUB-COMPONENT – Surveillance

OBJECTIVE – To assess trends of HIV infection to plan for future preventive strategies.

Level of Implementation	Process	Sub-Process	Implementers	Institutions responsible for Implementation	Activities to be taken up	Time Frame	Assessment parameter	RISKS
State level District level	Plan HIV Sentinel Surveillance in High risk & low risk groups	Identify HIV Sentinel sites, workout budget requirement Identify testing Laboratories	Karnataka State AIDS Prevention Society	Major Hospitals, Dist Hospitals, Medical Colleges, Premier Institutions.	Identify sites with High Risk Groups & Low Risk Group Population. Provide equipments, Consumables to Sentinel sites, and Testing Laboratories/ Visit to Sites, Organise training to personnel engaged in Sentinel Surveillance work, Providing reporting formats Methodology:- Following HIV Sentinel Surveillance protocol of NACO with unlinked anonymous testing procedures, sample size of 250-400 for High Risk & 400 for low Risk group for the period of 6 to 8 weeks Analysis & feed Back:- Surveillance reports to be received immediately after the survey, Data interpretation & analysis, Issue feed back Follow up action:- To use data to plan for future strategy for AIDS Prevention & Control	Y1 to Y5 Two rounds of Survey in all the HIV Sentinel sites each year.	Frequent visit to sites and Testing Laboratory and supervision of work during the survey Trends of HIV Prevalence in different sites and populations groups. Follow up action	1. Lack of supervision 2. Delay in Commencement 3. Lack of interest by staff in the sites 4. Delay in reporting 5. Absence from work

COMPONENT III

SUB COMPONENT: Programme management

Basic Objectives :- To provide Technical and Management support for planning and implementation of AIDS control programme in karnataka state, Strengthening of Karnataka State AIDS Prevention Society.

Level of Implementation	Process	Sub-Process	Implementer	Instn. Resp. For Implm	Activities To be Undertaken	Time Frame	Assessment Parameters	Risks
State Level by KSAPS	Placement of Staff & Provision of infrastructure	<p>Identification of posts and creation of posts.</p> <p>Selection & Appointment of staff as per organogram by Deputation from Govt & also by contractual basis</p>	K. A. P. S.	KAPS / DHS / DME.	<p>1) Selection & appointment of staff as per organogram</p> <p>2) Training of Staff</p> <p>3) Purchase of office furniture and office Equipment (one time)</p> <p>4) Purchase of vehicle & POL. maintenance</p> <p>5) Telephone, Fax, E-mail Computer, etc., procurement / installation</p> <p>6) Preparation of Annual action plan & Budgeting etc..</p>	Y1 to Y5	<ul style="list-style-type: none"> Number of staff in position / Vacancy etc... Number of staff Trained Vehicle / furniture / equipment purchased, installed and made functional Physical targets and financial targets and achievements as per implementation plan 	Lack of dedication and timely attention and action by staff (Both Technical and managerial staff)

COMPONENT-III

SUB-COMPONENT - PROGRAMME MANAGEMENT / ESTABLISHMENT OF DISTRICT LEVEL AIDS PREVENTION SOCIETIES (DAPS)

Basic objectives:- To decentralise the process of planning and implementing AIDS Control Activities in High HIV Prevalent Districts.

Level of Implementation	Process	Sub process	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
District level	Set up District level Society	<ul style="list-style-type: none"> Registration of District Society Placement & training of staff 	District Deputy Commissioner/ DAPS	Dist. Deputy Commissioner / DAPS	<ul style="list-style-type: none"> Prepare Bye-laws and Register the Society Appointment of project Director Member / Secretary and others. payment of Honorarium Selection of Secretarial assistance staff and payment of Honorarium Meet POL & Travel cost /Contingency Expences Training of staff Prepare plan for specific activities 	Y1 Y1 Y1 to Y5 Y1 to Y5 Y1 Y1 to Y5	<ul style="list-style-type: none"> Number of staff in position/Vacancy etc., Number of staff Trained Vehicle/furniture/ Equipment Purchased Installed and made functional Physical targets and financial targets and achievements 	<ul style="list-style-type: none"> Frequent Transfer of Deputy Commissione as they are IAS officers Lack of competent staff Lack of response by NGOs and other Depts.

COMPONENT - III
Programme Management

Subcomponent: Inter Departmental Co-ordination

Basic objective :- To have a Co-ordinated response to HIV/AIDS Prevention & Control.

Level of Implementation	Process	Sub-Process	Implementer	Institution Responsible for Implementation	Activities To Be Undertaken	Time Frame	Assessment Parameters	Risks
Director AIDS Prevention Society in 6 Districts.	Formation of District AIDS Prevention Committee	Quality review meeting	District level society/committee & NGOs	District level society/committee	<p>Women & Child Development Department.</p> <p>NGO Co-ordination & specific activities to be taking.</p> <p>Formation of District committee other Departments & NGOs</p>	Y1 to Y5	<p>Selection performance indicators.</p> <p>Review of MIS.</p>	<p>Lack of participating in the meeting</p> <p>Lack of co-ordination among other Department & NGOs.</p>

COMPONENT III

Subcomponent:- Programme management

BASIC OBJECTIVES: To have effective DATA on Management of AIDS CONTROL PROGRAMME

Level of Implementation	Process	Sub process	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
Karnataka State AIDS Prevention Society	Development and implementation of management information system	Identify and select priority areas for MIS such as reporting formats of 1 STD Clinic 2 Condom issued 3 Blood Banks 4 Sero-Surveillance report 5 Sentinel Surveillance report 6 AIDS Case Surveillance report 7 NGO format 8 Training 9 Expenditure MMR	Project Director KSAPS/Technical officers	Karnataka State AIDS Prevention Society	Prepare reporting formats Print and supply Analysis of reports and remarks, feed back To meet contingency and Office expenses.	Y1 to Y5	Number of MIS formats received Monthly/Quarterly Reviews taken up Feed Back reports sent	Incomplete reports Delay in submission /receipts of reporting formats

COMPONENT III

Subcomponent:- Programme management, Monitoring & Evaluation

Objective:- To assess Progress/ Impact of the implementation of various activities on AIDS Prevention & Control.

Level of Implementation	Process	Sub process	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
State level Regional Level.	Study of process and impact evaluation	<ul style="list-style-type: none"> Set-up internal evaluation sub-committee Identify independent external Agency to take up evaluation 	<ul style="list-style-type: none"> Karnataka State AIDS Prevention Society 	<ul style="list-style-type: none"> Karnataka state AIDS Prevention society. Independent evaluation agency & Reserch Institution. 	<ul style="list-style-type: none"> Review of activities by Technical Officers of K.S.A.P.S. and Review of Activities records, Registers at KSAPS/ Field level Centres/ NGO activities by External independent evaluation Agency Review of reports. 	<ul style="list-style-type: none"> End of Y2 & End of each year from Y2 to Y5 	<ul style="list-style-type: none"> Number of Evaluation study taken-up. Number of Review meeting on Evaluation report and Action taken. Fellow-up measures. Monitoring of Performance Indicators. 	<ul style="list-style-type: none"> Lack of Competency to take up evaluation work Cost factor and Timely completion of evaluation by external independent evaluation Agency. It may be difficult to assess impact in First 2 years.

COMPONENT-III

SUB-COMPONENT - TRAINING

OBJECTIVE: - To update knowledge and skills of the staff on AIDS Prevention and Control including STD control /AIDS Case Diagnosis and Management

Level of Implementation	Proces	Sub processes	Implementer	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
State level, Regional level, District level.	Organise & Conduct Training Programme	Identfy Institution to conduct Training Procurement of Training Materials, Modules, Printing and supply Prepare training schedule & guidelines	Karnataka state AIDS Prevention Society	<ul style="list-style-type: none"> Karnataka State AIDS Prevention Society/NIMHANS/ Medical colleges/Health &FW Training Centres. LHV/ANM Training Centres. District Training Teams State Level/ Dist Level and Regional Level 	<ul style="list-style-type: none"> Prepare Training schedules Identify target group for training Identify Category of staff to be trained Workout number to be trained & Number of Batches to be trained No. of session to be taken up Work-out Budget Issue directions for holding training session and Deputation order / Circular 	Y1 to Y3 Refresher Training in Y4	<ul style="list-style-type: none"> Training load to be assessed Pre-test Post-test Questionair during training session Number of visits by officers of KSAPS & TOTs Core-Members during training session Number of training during each year No. of training session held for each year & No. of category trained. Number of refresher training session conducted Number trained category wise. 	<ul style="list-style-type: none"> Lack of avalability of Training modules in time Lack of Participation of core trainers Lack of participation by trainees Lack of Coordination by training centre

COMPONENT IV LOW COST COMMUNITY CARE CENTRE / CARE AND SUPPORT.

Secondary Objectives : 1 To enable People Living With HIV/AIDS to receive medical, nursing and psychosocial care and support through supplementing existing health care services with the establishment of nodal HIV-specific primary (home-based), secondary (out-patient clinic), tertiary (hospital beds) and hospice facilities

Level of Implement'n	Process	Sub-Process	implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assess ment Parameters	Risks
State AIDS Society/NGOs	establish HIV-specific services	establish district training and extension services	District C&S team	KSAPS/NGOs	i. recruit and train 1 coordinator +1 counsellor +1 nurse +1 community worker team to manage 64 PLWHAs/week (10 clinic + 24 home-based + 20 hospital outreach + 10 respite) +1 nurse + 2 care assts + 1 house parent +1 cook as hospice staff ii. psychosocial and emotional support iii. nursing support iv. medicine support v. out-patient facility vi. tertiary (hospital) links vii. hospice viii. community, material and financial support ix. referrals as necessary X. Planning and Training services for other care providers	Yr1-Yr5	<ul style="list-style-type: none"> establishment of district units provision of package of services no of PLWHAs supported and followed up Planning and training sessions held no of other care facilities supported in the district referral links established 	lack of interest from management of existing health services existing policy emphasis on prevention may lead to lower priority for care

COMPONENT IV

Secondary Objectives : 2 To enable People Living With HIV/AIDS and those close to them to deal with the effects of HIV/AIDS by organising them into self help groups

Level of Implement'n	Process	Sub-Process	Implementor	Inst resp for Implim.	Activities to be undertaken	Time frame	Assessment Parameters	Risks
NGOs and PLWHAs	establishment of self help groups	motivating and identifying suitable motivated PLWHAs willing to take responsibility	PLWHAs	NGO	i. group formation ii. physical space and conducive environment for group meetings iii. group facilitation iv. sharing and emotional support v. identification of PLWHA issues vi. resolution of PLWHA problems vii. representation of PLWHA issues viii. education on Positive Living ix. institutional funding for SHG programmes	Yr1-Yr5	<ul style="list-style-type: none"> No of SHGs formed No PLWHAs members mutual support issues identified issues resolved issues represented programmes undertaken links with network of positive people 	lack of participation loss of confidentiality incompatibility hostility from larger society

Component - V : Inter Sectoral Collaboration

Sub Component: - Inter Departmental Co-ordination (Govt. and Public Sector)

Basic Objectives:- Two sort out specific issues and to co-ordinate implementation activities

Level of Implementation	Process	Sub process	Implementation	Institution Responsible for Implementation	Activities to be under taken	Time Frame	Assessment Parameter	Risks
State Level & District Level	Formation of State Level and Dist. Level Committees	Identify Depts./ Public sector. under taking. education. Urban Development. Social Welfare. Labour. Women & Child Development. NGOS./HAL. IIT, BEL, ITI HMT,BEML BHEL. NGEF L&T industries & factories etc.	Project Director K.S.APS & officers, Projects Director D.A.P.S. Officers	KSAPS & DAPS	<ul style="list-style-type: none"> • Setting up the /committees • Involve positive people • Quarterly meeting. • Review the issues, follow-up action. • Address for co-ordination of each sector to implement the required activities 	Y1 to Y5	<ul style="list-style-type: none"> • Number of review meeting held in each year • Feed Back from positive people • Action taken on each meeting outcome • Number of specific issues resolved. 	<ul style="list-style-type: none"> • Absence of Members of the Committee • Lack of Co-ordination • Delay in timely action.

ANNEXURE II

BUDGET DETAILS

KSAPS PIP PHASE II AIDS CONTROL PROJECT '1999 - 2004 KARNATAKA

TOTAL SUMMARY

Rs. In Millions

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	IC	RC
COMPONENT I	54.712	73.790	80.437	67.505	64.911	341.355	337.665	3.690
COMPONENT II	31.843	53.126	55.540	47.277	45.876	233.662	187.967	45.695
COMPONENT III	46.979	48.917	35.301	30.735	25.556	187.488	137.288	50.200
COMPONENT IV	17.061	22.943	31.329	29.147	28.769	129.249	125.249	4.000
COMPONENT V	8.195	11.570	12.590	10.742	10.503	53.600	47.800	5.800
TOTAL	158.790	210.346	215.197	185.406	175.615	945.354	835.969	109.385
PERCENTAGE	16.80	22.25	22.76	19.61	18.58	100%	88.42	11.58

KSAPS PIP PHASE II AIDS CONTROL PROJECT 1999 - 2004 KARNATAKA

TOTAL SUMMARY

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	IC	RC
COMPONENT I	547.12	737.90	804.37	675.05	649.11	3413.55	3376.65	36.90
COMPONENT II	318.43	531.26	555.40	472.77	458.76	2338.62	1879.67	456.95
COMPONENT III	469.79	489.17	353.01	307.35	255.56	1874.88	1372.88	502.00
COMPONENT IV	170.61	229.43	313.29	291.47	287.69	1292.49	1252.49	40.00
COMPONENT V	81.95	115.70	125.90	107.42	105.03	536.00	478.00	58.00
TOTAL	1587.90	2103.46	2151.97	1854.06	1756.15	9453.54	8359.69	1093.85
PERCENTAGE	16.80	22.25	22.76	19.61	18.58	100%	88.42	11.58